MEDICAL CERTIFICATION

23

24

George Eichhorn

| | EYLAND STATE D | | | ODE 4 MADVE AND |
|--|-------------------------------|---|--|---|
| DIVISION OF STATISTICAL RESI | | TE OF DEAT | N STREET, BALTIMO H | 00001 |
| 1. PLACE OF DEATH a. COUNTY Allegany | MARYLAND | e. STATE Mar | yland b. COUNT | Allegany |
| b. CITY OR TOWN (if outside corporate limits, write RURAL end give neerest town) Frostburg | c. LENGTH OF STAY IN 16 | × Lo | foutside corporete limits, write l | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in he Miners Hospital | ospitel, give street address) | d. STREET ADDRESS | t Main | e. IS RESIDENCE ON A FARM? YES NO X |
| 3. NAME OF DECEASED (Type or print) William | Middle C . | Abbott | 4. DATE Month OF DEATH Janua | Day Yeer |
| S. SEX 6. COLOR OR RACE 7. MARR White WIDOW | | anuary 15. | 1872 9, AGE (In years I lest birthday) 99 yrs. | FUNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min. |
| Judge | rind of Business or Industr | Galston, | Scotland | U.S.A. |
| 13. FATHER'S NAME William Abb | oott | 14. MOTHER'S MAIDEN I | ias Campbell | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) [Ifyes give were refered to see the control of | Mi | ss. Lilias "Daughter Achemic | AA | onaconing, Md. INTERVAL BETWEEN ONSETIAND DEATH H days |
| OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d | SCRIBE HOW INJURY OCCURED | . (Enter nature of injury in F | Pert 1 or Pert II of (tem 18.) | N IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO (County) (Stele) |
| 21. I certify that (I) (this hospital) alter saw the deceased alive on the saw the saw the saw the saw that saw that saw the saw that saw | nded the deceased from | death occured at 5. ATTENDING A PHYS. 220 ADDRESS | 1956 to com | that (I) (we) last above 22b. DATE SIGNED 1.15.6 |
| 236. BURIAL, CREMATION, 236. DATE THEREOF REMOVAL (Specify) Burial 24 FUNERAL DIRECTOR'S SIGNATURE | Laurel Hil Address | 1 cemetery | D BY REGISTRAR 256, REG | Md. |

Lonaconing, Md.

4 6 what erany Anidournel. Rost Main Minera Hospital So the grant should ... nathia Folk White 2 - January 15, 1872 89 A.D.U. Septemb Court - Galdcon, Scotland , U.D.A. Minister America de de la Compania del Compania de la Compania de la Compania del Compania de la Compania del Compania de la Compania del Compania de la Compania del Com Also, Idlias Abbort tonocoming, -1. 128 271.5 1/2 821 The second secon and the second and th Driange Min M. File Saul H. File and all takes I work this company the contract the Gentra Lemmorn Longouning, -d.

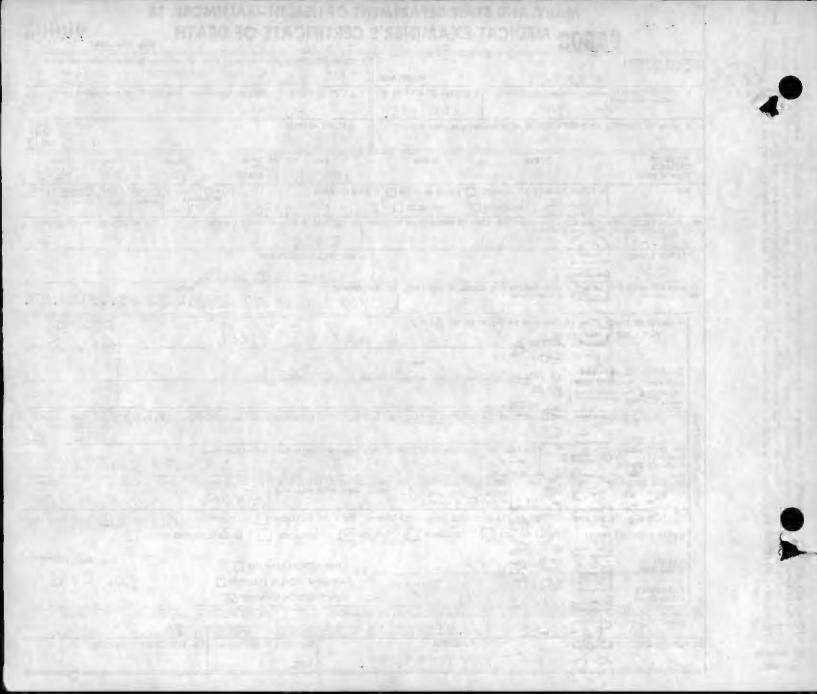
VR A15 (4) 15M 7/61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND ()()()()2

| 1. PLACE OF DEATH | | | | | | |
|--|--|---|--|-----------------------------|---|--|
| | £ | | - CYAYE | NCE (Where deceased in | COLINITY | |
| ALLEGA | NY | MARYL | | YLAND ° | ALLE | GANY |
| write RURAL and | If outside corporate limits, give nearest town) | c. LENGTH OF STAY | 112 | (If outside corporate limit | its, write RURAL and gi | ve nearest fawn) |
| CUMBERLAI | | 12 DAYS | | BERLAND | | |
| | L HOSPITAL | not in hospital, give street addres | d. STREET ADDRES | CUMBERLAND | STREET | ON A FARM |
| NAME OF | First | Middle | Lasi | 4. DATE | | ev Jest |
| (Type or print) | GRACE | C | ANKENEY | OF DEATH | JANUARY | 3 19 62 |
| FEMALE | | . MARRIED NEVER MARRIED | JULY 6. 1876 | 9. AGE (I last bir 05 | n years IF UNDER 1 YE/ thday) Months Dey yrs. | AR IF UNDER 24 HRS s Hours Min. |
| Oa. USUAL OCCUPAT | ION (Give kind of work rking life, even if retired) | 106. KIND OF BUSINESS OR I | NOUSTRY II. BIRTHPLACE (Co | unty & State, or foreign o | (ountry) 12. CITIZER | · A . |
| . FATHER'S NAME | | | 14. MOTHER'S MAIDE | NAME | | |
| BENJAMIN | F. CHARLES | | MARY F | GARDNER | | |
| | ER IN U.S. ARMED FORCE | ES? 16. SOCIAL SECURITY NO | | | Address | |
| | fyesgive were released sen | | | | | 0141 4 140 |
| | | | MEMORIAL HOSE | TTAL - CUME | SEKLAND, MA | RYLAND |
| PART I. DEAT | H WAS CAUSED BY: | | Congestion (| | | ONSET AND DEATH |
| Conditions, if any gave rise to immedi | iele cause | arlenosel | Perolie Cord | rovelu | la clises | 20 4 46 |
| cause last. |) (c)_ | | - | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? | | | | | | |
| macrocytic aremie (Verneron / Cont axis of NO I | | | | | | |
| | CAUSE OF DEATH | 206. DESCRIBE NOW INJURY O | CCURED. (Enter neture of injury i | n Pert I or Pert II of item | 1B.) | LOW |
| (IF EITHER, NOTIFY | MEDICAL EXAMINER) | | | | | |
| | 1 | 20d. INJURY OCCURRED 2 While Not While st work et work | 20e. PLACE OF INJURY (Home, for factory, street, office bldg., c | |) (County) | (State) |
| 20c. TIME OF INJU Hour e.m. p.m. 21. I certify | JRY Month, Day, Year | While Not While at work et work in the deceased | factory, street, office bldg., e | 19 | gar. 190 | , that (I) (we) la |
| 20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the saw the decease to the decea | hat (I) (this hospital sed alive on | While Not While at work et work in the deceased | fectory, street, office bldg., e | 19 | gen., 1900 auses and on the | , that (I) (we) la date stated above |
| 20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the saw the decease 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) | hat (I) (this hospital sed alive on | While st work Not While st work Not | from | 19 | gen. 19 Clauses and on the REET, CUMB | that (I) (we) le date stated above 226. DATE SIGNI |
| 20c. TIME OF INJU- Hour e.m. p.m. 21. I certify the saw the decease 22c. SIGNATURE 22c. PHYSICIAN'S NAME (Type) | hat (I) (this hospital sed alive on | While st work Not While st work Not | from | 19 | gen., 19 causes and on the | that (I) (we) let date stated above 22b. DATE Ch. LO 2 |

Seden gammu. - IMAJYEON MINER LANGUES TRENT - VALUE 7 -STREET, TOTAL CO. JTHOU TOLL CHALLES MI ATMONE . TANK ESTABLISHED A PROPERTY OF THE WAR STATE OF THE PARTY OF T Mary Street Comment Street Co. The Million VIII - Tour on the DIV. N. W. VIII. SHEET, of the second second in the



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

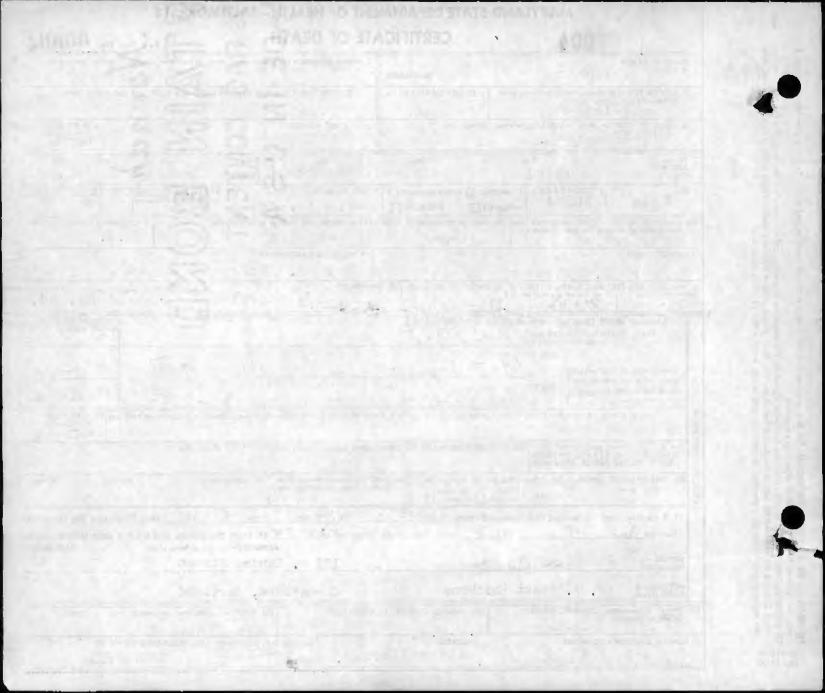
00004 **CERTIFICATE OF DEATH**

Reg. Dist. No. 111114

| o. COUNTY Alleghany | MARYLAND | 2. USUAL RESIDENCE (Where decepsed lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Alleghany |
|--|--------------------------------|---|
| b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cumberland | Months | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) Cumberland |
| d. NAME OF HOSPITAL (If not in hospital, give street or ORINSTUUTION Strescent St. | (dress) | d. STREET ADDRESS 8 Crescent e, is residence on a farm? YES NO |
| 3. NAME OF First DECEASED (Type or print) Howard | Henry | Atkinson 4. DATE Month Doy Yeor January 15 1962 |
| 6. COLOR OR RACE 7. MARRIE WIDOWED | | March 14, 1891 70 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. |
| 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carman | ind of Business of Indiailroad | DUSTRY 11. BIRTHPLACE (Stoke or foreign country) Maryland U.S. |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME |
| Henry W. Atkinson | | Mary E. Morrison |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SO | | Mrs Beverly Atkinson Cumberland, Md. |
| Canditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CO | thil para ca bural S | lysis Legs, bladder Detun 9 years Spand Darcome L3-L5 9 years UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\sigma \) NO \(\sigma \) |
| OR CONTRIBUTING (I) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | RIBE HOW INJURY OCCUPR | RED. (Enter nature of injury in Part I or Part II of item 18.) |
| OD TIME OF INJURY Month, Day, Year 20d. INJ Hour o. m. While at work | Not while fi | PLACE OF INJURY IHome, form, 20f. (City ar town) (County) (State) factory, street, office bldg., etc.) |
| 21. I certify that I attended the deceased alive an 19 19 196 | | th accurred at 405 M, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNED M.D. 122 S. Centre Street |
| PHYSICIAN'S Dr. R. Rhett Rat | hbone | Cumberland, Maryland |
| 220. BURIAL (Common, 226. DATE THEREOF Burial 1-18-62 | I.O.O.R | OR CREMATORY 22d. LOCATION (City, town, or county) (Stole) Elle Gardon W Wo |
| 23. FUNERAL DIRECTOR'S SIGNATURE Robert Kyl Prith S. | ADDRESS Kitzmille | 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE |

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after dea may be retained by the first certificate has been signed by the attending physician and completely filled in by the furpage 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or removal, and in any event within 72 haurs after death. TO HOSPITAL OR ATTEND
may be retained by Tr. H
TO FUNERAL DIRECTOR

VS A15 (4) 15M 10/57



director, p VR A15 (4)

24 FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

arthur & Thous

(County)

llegany

Day

Days

e. IS RESIDENCE

YES NO M

19 62

IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

NO [

(State)

22b. DATE

(Stete)

SIGNED

YES

Year

ON A FARM?

DATE FEB 2

-38600

Vetale White --

Themes In.

MARGOREAN

10/17/1955 25. Sovags

Allegany dounty utilizers.

Jimes T. Herest

.R 65_2_

Sammett Jammer 29. 62

3/31/1881 73

Harry V. Inches

Alle only bounty inflyency records.

29/62/T 1/53/65

1/29/12

Dr. Lee 3. Mathema

7/20/52

ily remained to be build and the

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH should USUAL RESIDENCE (Where deceased fived, if Institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY Legany Allegany Maryland MARYLAND c CTY OR TOWN (If outside corporate limits, write RURAL and give neeres) town, b. CITY OR TOWN (if outs de corporata limits, E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Rilmore R-F-D 1 Frostburg Gilmore, R-F-D lFrostburg filled in #ie d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS papers. 3. NAME OF 4. DATE Month Middle 7 DECEASED OF (Type or print) DEATH 1/8/1962 Reeman carbon AGE (In years) IF UNDER 1 YEAR 5 SEX COLOR OR RACE 17, MARRIED NEVER MARRIED B. DATE OF BIRTH and last birthday) I Months WIDOWED [DIVORCED Male physician IDa. USJAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or foreign country) done during most of working ife, avan if rat rad) Garrett County Retired Coal Miner L 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME affending Andrew Beeman Mary R. Green ō 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, INFORMANT Address (Yas, no. or unkown) (Ifyesgiva war or datas of service) Yes. Werld War Mrs. Lulu Beeman. Gilmore. 18. CAUSE OF DEATH Enter only one cause Ś PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geva rise to immadiata cause DuE TO (a), stating the underlying PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY CERTIFICATI 208 ACCIDENT WAS UNDERLYING ... 2Db. DESCRIBE HOW INJURY OCCURED , Enter natura of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De PLACE OF INJURY (Home, farm, 20f. [City or town 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg , etc.) While Not While Hour a.m. at work 0 21. I certify that (I) (this haspital) attended the deceased from tool an E 1962. and that death occured at & M, from the causes and on the date stated above saw the deceased alive 22a SIGNATURE ATTENDING DIRECTOR PHY5 M.D 22d. ADDRESS 22c PHYS, CIAN'S FUNER NAME (Type) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY **LOCATION** (City, town or county) 23a BURIAL, CREMATION, 236 - G . REMOVAL (Specify) 0

Oak

LONACONING, MD.

Cemeterv

DATE

MARYLAND STATE DEPARTMENT OF HEALTH

B. IS RESIDENCE

Year

19

INTERVAL BETWEEN

ONSET AND DEATH

PERFORMED?

, 1965 that (I) (20) last

NO

DATE

SIGNED

12. CITIZEN OF WHAT COUNTRY?

IF UNDER 24 HRS.

Day

U.S.A.

(County)

L may S. Times

Lonaconing,

25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE

ON A FARM? YES NO

VR A15 15M 7 61

24 FUNERAL DIRECTOR'S SIGNATURE



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decressed lived, if institution, Residence before edmission) A COUNTY b. COUNTY M. STATE ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate limits, write RURAL and give nearest town) write RURAL and give neerest town) **CUMBERLAND** CUMBERLAND DAYS d. NAME OF HOSPITAL OR INSTITUTION (rl not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? WARWICK AVENUES FORT YES 🔲 NO 🗶 papers, 3. NAME OF Middle DATE Year Month N DECEASED OF JOHN 19 62 (Type or print) Ε. BENNETT DEATH **JANUARY** carbon 16. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years) IF UNDER I YEAR IF UNDER 24 HRS. last birthday) and Months Days Hours MALE WIDOWED DIVORCED геттоме 10s. USUAL OCCUPATION (GIVE kind of work 12, CITIZEN OF WHAT COUNTRY? 1Db. KIND OF BUSINESS OR INDUSTRY BIRTHP. ACE (County & State, or loreign country) done during most of working life, even if retired) PENNSYLVANIA U. S. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN BENNETT ANN SOWERS ä Then p 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes giva war or dates of sarvice) HOSPITALA - CUMBERLAND. MD. MEMORIAL 18. CAUSE OF DEATH lEnter only one cause per line for (e), (b), end (c) INTERVAL BETWEEN ONSET AND BEA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) burial-transit DUE TO Conditions, if any, which (b) gava rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D. SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY cert, ficate PERFORMED? YES 20b. DESCRIBE HOW INJURY OCCURED, lEnter natura of injury in Part I or Part II of itam 1B) 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) factory, street, office bldg., etc.) Not While Whila A PARTIES Hour e.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... 61 196. 5....} and that death occured al.2:5% Porty the causes and on the date stated above; saw the deceased alive on 22b DATE 22a. S GNATURE ATTENDING STAFF PHYS. DIRECTOR PHYS. HOSPITAL Path. Page 4 FUNERAL rector, page 3 s filed with the 22c. PHYS 22d. ADDRESS NAME (Type) ST., CUMBERLAND. LOCATION 23a, BURIAL, CREMATION, 236 DATE THEREOF NAME OF CEMETERY OR CREMATORY REMOVAL (Spacify) 0.58 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4)

LDATE

15M 7 61

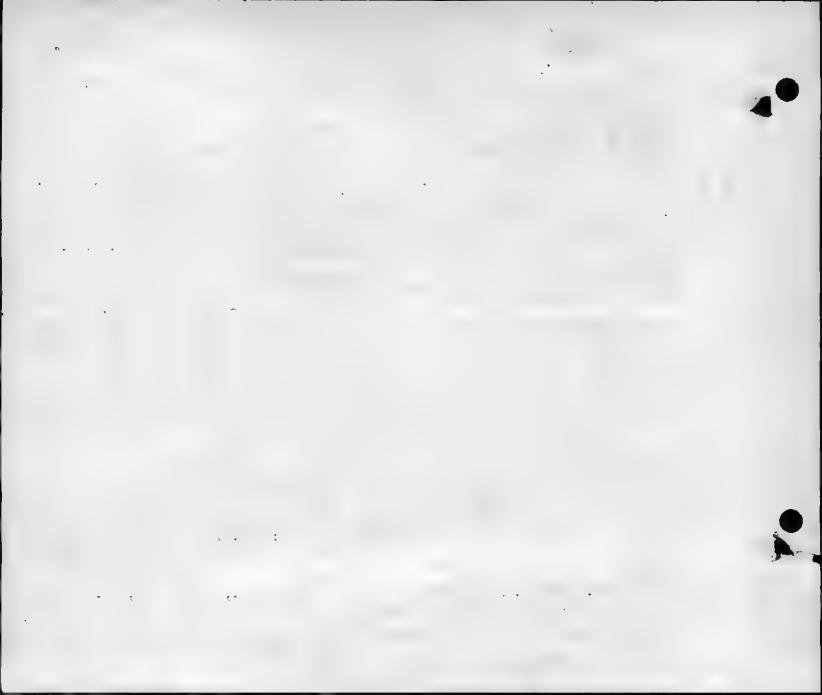
NO I

(State)

SIGNED

(Steta)

MARYLAND STATE DEPARTMENT OF HEALTH



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18K.

VS. A15ME(5) 5M 9/55

ar removal.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 OF DEATH OF DEATH

| | 0 | 1 | A | 10 | 16 1 |
|----------------|----|----|----|----|------|
| Rea. Dist. No. | 11 | 1) | 11 | Ч | O |

| | 3, 1 | LACE OF DEATH | | | | 2. USUAL RESIDENCE (V | Where deceased live | b COUNTY | n: Kesidence be | fore admission) |
|-----------|---|--|---------------------------------|----------------|--------------------------|---|------------------------|------------------|-----------------|------------------------------|
| | | | ALLEGATY | | MARYLAND | I.A. YI | | D COOMIT | AIIEGA | У |
| | b | . CITY OR TOWN (if a and give nearest town) | iulsida corporola limits, write | RURAL | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (| f outside corporate | limits, write RU | IRAL and give n | earest fown) |
| | | Cumberland | l. Maryland | 1 | | Cumberland, | . Maryland | d & X | 4 | |
| | d | d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give atreet address) | | | | d. STREET ADDRESS | | | | e. IS RESIDENCE |
| | 300 Willoubrook Road | | | | 300 Willo | owbrook Re | oad | | YES NO | |
| | 3. | NAME OF DECEASED | Fire | st | Middle | Lasi | 4. DATE OF | Month | Day | Year |
| | | Type or print) | Mos | ses | Sylvester | Dennett | DEATH Jam | uary | 31 | 1962 |
| | 5. S | EX | 6. COLOR OR RACE | 7 MARRIE | D NEVER MARRIED | B. DATE OF BIRTH | | | | IF UNDER 24 HRS. |
| | | Male | White | WIDOWED | DIVORCED [| 5/23/1917 | 4 | 4 yrs. | ionths Days | Haurs Min. |
| | 10a | . USUAL OCCUPATION | N (Give kind of work a | done 10b. K | IND OF BUSINESS OR INDUS | TRY 11. BIRTHPLACE (Stote | or foreign country) |) | 12. CITIZEN O | F WHAT COUNTRY? |
| | | Lippia, Cl | | Kel | ly Sp. Tire C | o, neeses 12 | ill, W. Va | G | U. S. | A. |
| | 13. | FATHER'S NAME | | | | 14. MOTHER'S MAIDEN | | | | |
| 3 | | | Phillip | Benne | tî | Hary | Demiett | | | |
| . April 1 | 15. | | R IN U. S. ARMED FO | | SOCIAL SECURITY NO. 17. | NFORMANT | | Address | | |
| | 1,,,,,, | | v. W. II | | 217-10-5403 W | oodrow Bennet | tt. Golden | n Lane. | Cumber | land. l.d. |
| | | 18. CAUSE OF DEAT | H [Enter only one cou | sa per line t | | | | | INTE | RVAL SETWEEN ET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: GUNSHOT OF CHEST | | | | | | | IDDEN | | |
| | | 9 S DUE TO | | | | | | | | |
| | | Canditions, if any, which) (b) | | | | | | | | |
| | | gave rise to immediate cause ((a), stating the underlying DUE TO | | | | | | | | |
| | | cause last. | (c) | | | | | | | |
| dr. | z | PART II. OTHE | | DITIONS CO | NTRIBUTING TO DEATH BUT | NOT RELATED TO THE TERM | INALDISEASE CON | DITION GIVEN | IN PART I(a) I | 9 WAS AUTOPSY |
| | Y | | | | | | | | , | PERFORMED? |
| | CERTIFICATION | 200. EXTERNAL CAUS | SE WAS 20 | b. DESCRIBE | HOW INJURY OCCURRED. | Enter nature of injury in Par | nt for Port II of item | n 18) | | |
| | I - I | CAUSE OF DEATH. | I CHANGE | | | | | | | |
| | MEDICAL | 20c. TIME OF INJURY | Y Month, Day, Yea | | | CE OF INJURY (Home, for- tory, street, office bldg., etc | n, 120f (City or tov | vn) | (County) | (Stote) |
| | MED | Heur a.m. p.m. | 19 | While at wo | rk of work | lory, sites, office biog., arc | " | | | |
| | | 21. I certify the | at I took charge | of the r | emains described ab | ove, held an Autops | y XX Inspec | tion 🔯, | Inquiry X | , and find that |
| i | | death resulted | from: Natural | causes [| Accident [], Su | icide 🔲, Homicide | e XI, Undete | ermined car | use . | |
| | | // | 7 | 1/ | 1101 - 15 | | | | | |
| | | ACTUAL SIGNATURE OF 2 | culdin | Tol | Ketarcher | M.D. CHIEF MEDICAL E | XAMINER [| _ | | DATE SIGNED |
| | | | | | | ASSISTANT MEDIC | AL EXAMINER | Jan | uary 31 | , 1962 |
| | | NAME (Type) | ENEDICT SK | ITAREI | IC, M.D. | DEPUTY MEDICAL | EXAMINER ZX | R9 Cumb | erland, | Md. |
| | 22o | BURIAL, CREMATION | N. 226. DATE THEREO | F | 22c. NAME OF CEMETERY O | CREMATORY | 22d. LOCATION | City, lowy, or | county) / | (State) |
| | | Burial | Jel-3, | 962 | Sunset We | moreal Park | | umber | land | med. |
| , | 23. | FUNERAL DIRECTOR'S | SIGNATURE | 10 | ADDRESS | 1 174. D 240. REC | D BT REGISTRAR | 24b. REGISTR | AR'S SIGNATUI | RE |
| | | your y | · Jarye | | unveren | DATE | g G '62 | | or a three | A |
| | | | | | | | | | | |



AND STATE DEPARTMENT OF HEALTH



FOR STATE HEALTH DEP of Balth, Page TO DEPUTY MES. C. MILLIMER: This carrificate standed be enemated within 24 hours after death. If any dailay is net please execute fire certificate, writing the word "pending" in pencil in them 18. Give Pages 1, 2, and 3 to the funeral direct a should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

00010 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| ١. | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased I'ved, if institution Residence before edmission) |
|----|--|--|
| | Allegany MARYLAND | Maryland b. COUNTY Allegany |
| 1 | b. CITY OR YOWN (if outside corporete limits, write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporete m is, write RURAL end give nearest town, |
| 1 | Rt, # 1 Cumberland. | Rt. # 1 Cumberland. |
| | d NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS 0. 15 RESIDENCE |
| | Bowmans Addition | Bowmans Addition ON A FARM? |
| | 3. NAME OP First Middle | Last 4. DATE Month Day Year |
| | (Type or print) Adam Henry | Bloss DEATH Jan. 27, 1962 |
| | 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED | B. DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Male White WIDOWED DIVORCED | Feb. 16, 1880 last birthdey) Months Days Hours Min. |
| | 10a USUA. OCCUPATION (G've kind of work done during most of working life, even if refired) | RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| | Ret. Brakeman B. & O. Rwy. | North Branch, Md. U. S. A. |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| | Stephan A. Bloss | Elizabeth Knippenberg |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. [Yes, no, or unknown] [(Ifyetgivewerordetesofservice)] | |
| | | Ars. Arzeltha M. Bloss Rt. # 1 Cumb.Md |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CORONARY OC | CLUSION SUDDEN |
| | 4-20 DUETO | |
| | Conditions, if any, which (b) CORONARY S | CLEROSTS |
| | gove rise to immediate couse | |
| | (e), stelling the underlying | |
| | | DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(B) 19, WAS AUTOPSY |
| | OL N | PERFORMED? |
| | 200. EXTERNAL CAUSE WAS 1 206. DESCRIBE HOW INJURY OCCURED. | YES NO X |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | that had be mady to refer to the above |
| | | ACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) |
| | Hour a.m. While Not While feet | tory, street, office bldg., etc.) |
| | The state of the s | |
| | 21. I certify that I took charge of the remains described above, he | |
| | death resulted from: Natural causes . Accident . Suic | |
| | ACTUAL B + 11+ | CHIEF MEDICAL EXAMINER |
| | SIGNATURE SENSOLICE SKUARELIC | ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER DI January 28, 1962 |
| 7 | EXAMINER'S Benedict Skitarelic M.D. | |
| - | | Address (Street, city, town, or county) K & 9 Cuseberland R CREMATORY 22d. LOCATION (City, town, or country) (State) |
| | Burial 1/30/62 Restlawn Men | |
| | 23. FUNERAL DIRECTOR ADDRESS | na Gardens Cumberland Mda |
| | Charles L. George Cumberland. M | |
| | The course of th | DATE WITH W. VI. |



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STREET, BALTIMORE 1, MARYLAND I. PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution; Residence before edmission) a. COUNTY b. CHY OR TOWN (if outside corporate limits, MARYLAND c. CITY OR TOWN (If culside corporate limits, write RURAL and give necrest town) E. LENGTH OF STAY IN 16 write RURAL and give nearest town) Cumberland MT. SAVAGE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 3. NAME OF SACRED HEART YES NO T completely Year DECEASED OF (Type or print) DEATH AGE IN YEAR IF UNDER & YEAR IF UNDER 2 PARS. and cor 5. SEX 7. MARRIED NEVER MARRIED last birthday) Months Days Hours WIDOWEDS DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12, CITIZEN OF WHAT COUNTRY? (County & State, or fore gn country) done during most of working life, even if rehied physic 13. FATHER'S NAME 15. WAS DECLASED VEN TO S. AMED FORCES? 16. SOCIAL SECURITY NO. I (Yes, no, or unkown) (Hyes give war or dates of service) CHART 18. CRUSE OF DEATH Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, fany, which geve rise to immediate cause DUE TO (e), steting the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART ILE. 19, WAS ALTOPSY PERFORMED? NO 20a ACCIDENT WAS UNDERLYING __ 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.)
OR CONTRIBUTING __ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e, PLACE OF INJURY [Home, farm, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work ... 19....., that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from.... and that death occurred at ... AM from the causes and on the date stated above. saw the deceased alive on 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHYS. FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) DR. WEISMAN 23e, BURIAL, CREMATION. CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 0 YR A15 (4)



CUMBERLAND, MD.

OF STATISTICAL RESEARCH AND RECORDS.

ARYLAND STATE DEPARTMENT OF HEALTH

TON STREET, BALTIMORE 1. MARYLAND

a. IS RESIDENCE ON A FARM? YES NO

IF UNDER PHIRS

INTERVAL BETWEEN ONSET AND DEATH

WAS AUTOPS

PERFORMED? NO

(State)

(County)

and

death. Page 4
TO FUNERAL
director, page 3
be filed with the

VR A15 '41

BYRON KIGHT



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE 121/02 2WK 2. USUAL RESIDENCE (Where deceased hyad, if institution, Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE b. COUNTY ALLEGANY MARYLAND c. CITY OR FOWN (If outside corporete limits, write RURAL and give neerest town) a LENGTH OF STAY IN 16 CITY OR TOWN (f outs de corporate limits, write RURAL and give nearest town) CUMPERLAND a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS ON A FARM? YES NO HEART HOSPITAL Year 4 DATE 3 NAME OF OF DECEASED DEATH (Type or print) GEORGE AGE (in years IF UNDER 1 YEAR IF UNDER 24 HRS. 6. COLOR OR RACE T, MARRIED NEVER MARRIED last birthday Months WIDOWED X DOWED DIVORCED 7-23-1673/ 1879 82 yrs.

10b. KIND OF BUSINESS OR NOUSTRY 11 BIRTHPLACE (County & State, or foreign country) any ever 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Own Farm Cumberland RETTRED FARMER 14 MOTHER'S MAIDEN NAME Louise Ruppenkamp Mathias Brinker Louis

15. was deceased ever in u.s. armed forces? | 16. social security NO. | 17. INFORMANT ā (Yes, no, or unkown), (If yes give we ror dates of service) INTERVAL BETWEEN 18. CAUSE OF DEATH [finter only one cause per line for (e), (b), and (c). ONSET AND DEATH uks IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which " dave rise to immediate cause PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1661 PERFORMED Fractured left hip 9 days NO 20a ACCIDENT WAS UNDERLYING [] , 20b. DESCRIBE HOW INJURY OCCURED. [Enter neture of in ury in Part | or Part | or Part | In Part | or Pa OR CONTRIBUTING [] CAUSE OF DEATH (IENIGHER NOTIFY WEDICAL EXAMINER) Fell from chair at home MEDICAL (County) (State) 20d. INJURY OCCURRED, 20e. PLACE OF INJURY (Home, farm, 201. (City or town) 20c. TIME OF INJURY Month, Day, Year factory, straet, offica bldg., etc.] Not While While Dec. 2319 61 at work at work X 21 I certify that (I) (this hospital) attended the deceased from 20 26, 196 (and that death occured atM, from the causes and on the date stated above saw the deceased alive on . 22a SIGNATURE MED. PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S Cumberland . Md. 1 23d LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 230, BURIAL, CREMATION 236, DATE REMOVAL (Spacify) Cumberland, Md. Patrick Cemetery Burial 25a, REC'D BY REGISTRAR , 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE James F. Scarpelli Cumberland . Md.

RYLAND STATE DEPARTMENT OF HEALTH

and Anh. Page 2. tor. page 3. with 19 0 VR A15 (4)



VS. A15ME 5M 7/59

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| HEALTH D | |
| age sg. | 2 |
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| i any delay is meretained directained for yo a state Board o Geath. | E V |
| should be executed within 24 hours after death. If any delay is again in pencil in law 18. Give Pages 1, 2, and 3 to the funeral directly office along with form PM3. Page 5 may be retained for your abvish-transit permit. File pages 1 and 2 with 146 32th Board or removal, and in any event within 72 hours after death. | 1 |
| ap de lu de | - / } |
| Te fa | 4 |
| 元 · · · · · · · · · · · · · · · · · · · | _ |
| after death. If an 2, and 3 to the fee 5 may be retained 2 with the 3 to hours after dec | |
| after 1, 2, at 5 r 3 s 5 r 2 hou 2 hou | |
| 28 1, | |
| 24 hours after the Pages 1, 2, PM3. Page 5 page 5 page 1 and 1 within 72 h | |
| uted within 24 h lism 18. Give Pa with form PM3 permit, File pag | |
| vithin 8. Giv form I form I | |
| be executed we noted in 18 mm 18 with fire along with full-transit permit is and in any e | |
| Pocure in a line | |
| alor trans | |
| d by Per Fice rial-i | |
| should I g" in po s Office a buria | |
| ertificate sho "pending" i Examiner's C s used as a b | |
| pen pen amir sed n, o | |
| EX | 2 |

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 14 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where decresed lived, Il Institution Residence before admission) |
|--|--|
| Allegany | a. STATE Maryland b. COUNTY Allegany |
| b. CITY OR TOWN (Fourside corporate I m fs. c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporate I m is, write RURAL and give nearest lown) |
| write RURAL and give neerest town) | |
| and the same of th | Rural-Westernport |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | o. IS RESIDENCE ON A FARM? |
| R.D. 1, 2 Mi. N. Westernport | R.D. 1, 2 Mi. N. Westernport YES NO IN |
| 3. NAME OF first Middle | Last 4. DATE Month Day Year |
| A CONTRACTOR OF THE CONTRACTOR | oadwater DEATH Jana. 26 1962 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | 4 011161 |
| 327 4 3 | Months Deys Hours Min. |
| | Juno 1, 1961 yrs. 7 26 RY 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| dona during most of working life, even if retirad) | 17. CHIZEN OF WHAT COUNTRY) |
| | Maryland U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Garland D. Broadwater | Shirley Ann Mongold |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 1 | INFORMANT Address |
| (Yes, no, or unkown) (Il yes give were redetes of service) TO | arland D. Broadwater-R.D.1 Westernport, Md. |
| 1 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c,.) | INTERVAL BETWEEN |
| PART I. DEATH WAS CAUSED BY. | ONSET AND DEATH |
| IMMEDIATE CAUSE (6) | 4-5 Min |
| DUE TO | 0.01 |
| (B) | f Stomach Contents |
| gave rise to immediate cause (a), stating the underlying DUE TO | |
| cause lest. | |
| Z PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1,a 19. WAS AUTOPSY |
| Acute tracheobronchitis | PERFORMED? |
| | Enter natura of injury in Part I or Part II of tam 18 |
| 206. EXTERNAL CAUSE WAS 2Db. DESCR BE HOW INJURY OCCURED. (E) PRIMARY OF OCCURED OF DEATH. | the region of refer to the control of the control |
| | au . |
| | ACE OF INJURY (Home, ferm, 201. (City or town) (County) (State) tory, street, office bldg , etc.) |
| Howr a.m. While Not While 19cr | 1 |
| 21. I certify that I took charge of the remains described above, he | aid an Autopsy X. Inspection X, Inquiry X, and in my opinion |
| death resulted from Natural causes Accident , Suic | ide . Homicide . Undetermined manner |
| LAG MN () | CHIEF MEDICAL EXAMINER |
| ACTUAL DOWN C TWO | ACCICTANT WEDICAL EVANING TO DETERMINED |
| SIGNATURE CONTRACTOR OF SIGNATURE | January 25, 1962 |
| EXAMINER'S (1) TIM Colombia Mike | Osoftputy MEDICAL EXAMINER Frostburg, Md. |
| 1226. BURIAL, CREMATION, 226. DATE THEREOF 1220. NAME OF CEMETERY OF | Address (Street, c.ly, fown, or county) R CREMATORY 722d. (DCATION (City, town, or country) |
| REMOVAL (Specify) BLOOMING Ton | R CREMATORY 22d. OCATION (City, town, or country) Bloomington Md. |
| Burial 1/28/62 Lakman | money limited William |
| 23. FUNERAL DIRECTOR ADDRESS | 246. REC'D BY REG STRAR 246. REGISTRAR'S SIGNATURE |
| Westernport, Md | DATE JAN 2 9 '62 |
| | DATE 02 Cally S. Mano |



FOR STATE

HEALTH DEP TO DEPUTY ME.

ARMINER: This certificate should be executed within 24 hours after death. If any delay is near the please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direct age 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3 Page 5 may be retained for you're as.

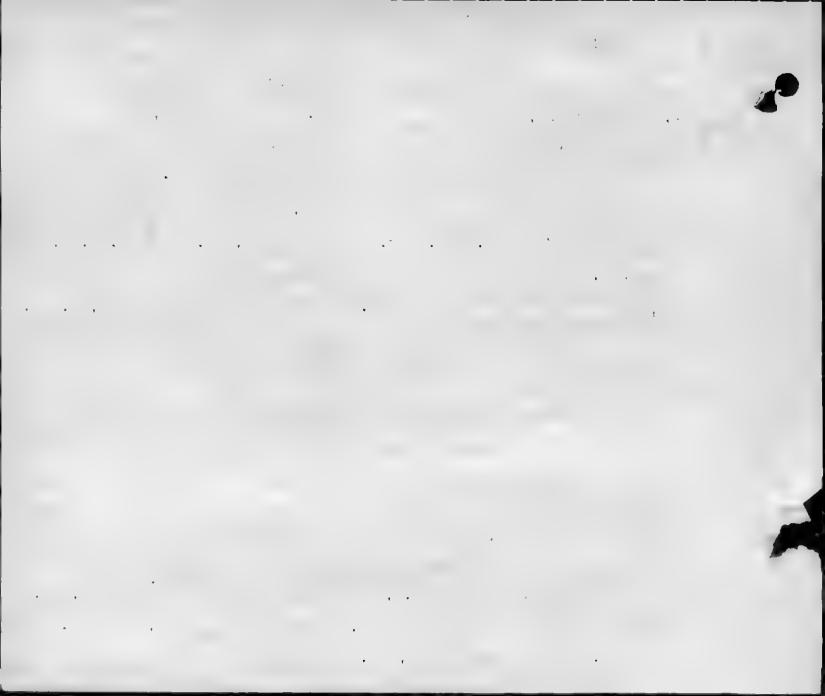
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 9 60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 00015

| ī. | 1. PLACE OF DEATH . | 2. USUAL RESIDENCE (Where deceased lived, If institution Re | s dence before edm ssion) | | | |
|---|---|---|-----------------------------|--|--|--|
| | b. CITY OR TOWN (if oulside corporals I m ts, write RURAL end give nearest town) Allegany MARYLAND 1 c. LENGTH OF STAY IN 1b | e. STATE Maryland b. COUNTY All C. CITY OR TOWN (If outside corporate limits, write RURAL and | egany give naerest town) | | | |
| N | Rt. 1 Cumberland, d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitet, give street eddress) | X Rt. # 1 Cumberland, | IS RESIDENCE ON A FARAV | | | |
| | Bowmans Addition | Bowmans Addition | YES NO | | | |
| | 3. NAME OF Flat Middle DECEASED (Type or print) THOMAS EDWARD | BROWN Jan. | 2 · 19 62 | | | |
|) | Male White WIDOWED DIVORCED | July 30, 1904 57 yrs. | eys Hours Min. | | | |
| | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if ratified) Carman Machinist B. & O. Rwy. | Cumberland, Md. U | . S. A. | | | |
| | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | |
| | Thomas E. Brown | Grace Hansel | | | | |
| | 15. WAS DECEASED EYER IN U.S. ARMED FORCES? (Yes, no, or unkown) [Hyesgive were deles of service] No. 17. | NFORMANT Address John Miltenberger Ridgel | ey, W. Va. | | | |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) | | INTERVAL BETWEEN | | | |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY | OCCLUSION | SUDDEN | | | |
| | 4-20 DUE TO CORONADY | CCLEDACTO | | | | |
| | Conditions, if eny, which (b) | 2CFERO212 | | | | |
| | gave rise to immediate cause | | | | | |
| | (a), stating the underlying cause lest. (c) | | | | | |
| ^ | | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1(e) 19. WAS AUTOPSY | | | |
| | PART I. OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | | PERFORMED? | | | |
| | | Enter neture of In ury in Part I or Pert II of item 18) | | | | |
| | | ACE OF INJURY (Home, ferm, 20f. (City or town) (Counterly, street, office bldg., etc.) | ty) * (Stete) | | | |
| | 21. I certify that I took charge of the remains described above, he | ald an Autopsy , Inspection X, Inquiry X. | and in my opin on | | | |
| | death resulted from. Natural causes X. Accident . Suic | ride, Homicide, Undetermined manner | | | | |
| | 0 . 00'. 1 | CHIEF MEDICAL EXAMINER | 1/2/62 | | | |
| | SIGNATURE Sinedict Skitarelie | M.D. ASSISTANT MEDICAL EXAMINER | DATE SIGNED | | | |
| .j. | EXAMINER'S Benedict Skitarelic M.D. | Address (Street city, town, or counity) Rt. # Cumber | land. Md. | | | |
| 220. BURIAL, CREMATION, 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 722d. LOCATION (City, town, or country) | | | | | | |
| - | REMOVAL (Specify) Burial 1/4/62 Rest Lawn Me | em. Gardens Cumberland, | Md. | | | |
| | 23. FUNERAL DIRECTOR ADDRESS | 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIG | SNATURE | | | |
| | Charles L. George Cumberland, Mc | DATELEN 4 '62 Julling 8. 1 | Errica | | | |



DIVISION OF STATISTICAL RESEARCH AND 01 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admiss on . COUNTY b. CITY OR TOWN (if outside corporate limits, MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comparets limits, write RURAL and give neerest town) DAYS CUMBERLAND MEMORIAL HOSPITAL OR INSTITUTION (if not in hospital, g.ve street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 418 PACA STREET WARWICK & MEMORIAL AVENUES YES NO K Middle 4. DATE DECEASED (Type or print) DEATH TILLIE BROWN 6. COLOR OR RACE 7. MARRIED Y NEVER MARRIED AGE (In years | IF JN ER TYEAR, IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthday) WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work County & State, or fore un country! 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) CUMBERLAND, MARYLAND Housewife, home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME MARGARET 15, WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) | (If yes give wer or detas of service) No None IB. CAUSE OF DEATH [Enter only one cayes (per line for (a), (b), end (c).) IMMEDIATE CAUSE (a) DUE TO gave rise to immadiate cause DUE TO (e), steting the underlying cause lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART III) 19. WAS A JTOPSY PERFORMED? NO D 20a. ACC DENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm,) 201 (City or town) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg , etc. While ·No! While at work at work 21. | certify that (I) (this hospital) attended the deceased from, and that death occured at. 12.455 round the causes and on the date stated above. saw the deceased alive on ... 22b. DATE ATTENDING SIGNED PHYS. DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN NAME (Type) 50. CENTRE ST., CUMBERLAND, MD 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Cumberland, Maryland Buria Sunset Memorial Park 24 FUNERAL DIRECTOR'S SIGNATURE 25b. REGISTRAR'S SIGNATURE H. Wayne George Cumberland, Md.

DATE

RYLAND STATE DEPARTMENT OF HEALTH

and physician signed by death. Page 4
TO FUNERAL director, page 3

VR A1S (4) 15M 7/61



DIVISION OF STATISTICAL RESEARCH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00017 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY a. STATE **6. COUNTY** Allegany MARYLAND Maryland Allegany b. CITY OR TOWN (if ouls de corporale limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give neerest town) Months Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? YES NO T 710 Narvland Avenue Maryland 3. NAME OF DATE Year Month DECEASED OF DEATH (Type or print) Elizabeth Butler 19 62 Frances January 6. COLOR OR RACE 17. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS. last birthday) Months | Days Hours WIDOWED A DIVORCED [Female December 20,1875 yrs. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Marvland U.S.A. At Home Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Jacob Haldeman Mary Farrell 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT 710 Maryland Avenue. (Yes, no, or unkown) [(If yes give war or dates of service) Mrs. Mary M. Wright Cumberland. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), ONSET AND DEATH PART I, DEATH WAS CAUSED BY: tilis, Chr., de sucesolivE JMMED ATE CAUSE (a) DUF TO arterio Selesario, grueval Conditions, if eny, which geve rise to immediate cause DUE TO (a), stating the underlying PART II, OTHER 5 ON FICANT CONDITIONS CONTRIBUTING TO DIATH BUT NOT RELATED TO THE TERM, NAS DISEASE CONDITION GIVEN IN PART 1 > 19. WAS AUTOPSY PERFORMED? NO [20a. ACCIDENT WAS JNDERLYING 20b. DESCR. BE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. T.ME OF INJURY Month, Dev. Year 2Dd. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm. 20f. (City or town) (County) factory, street, office bldg., etc.) While Not While et work at work 196. Ze, and that death occured at M.I.M., from the causes and on the date stated above. 22b. DATE SIGNED ATTENDING DIRECTOR PHY5. PHYS. 22d. ADDRESS 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Greenmount Cemetery Cumberland Burial 24 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE Cumberland Ruth E. Silcox

Pages

and

physician

please attending

Then

lan.

death. Page 4 r. O FUNERAL IV director, page 3 s be filed with the

0.53

YR A15 (4) 15M 7/61

CLAND STATE DEPARTMENT OF HEALTH



Durrett, M.D.

ADDRESS

, 23c. NAME OF CEMETERY OR CREMATORY

OH VR A15 41

24 FUNERAL DIRECTOR'S SIGNATURE James F. scar elli, Camberland, Md.

Jan.20,1962

23a, BUR AL, CREMATION, 23b, DATE THEREOF

REMOVAL (Spec by)

Burial

Sunset Hemorial Park Cumber Land. ./d. 125a, REC'D BY REGISTRAR 125b, REGISTRAR'S SIGNATURE

23d. LOCATION (C by, town or county)

e. IS RESIDENCE

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO X

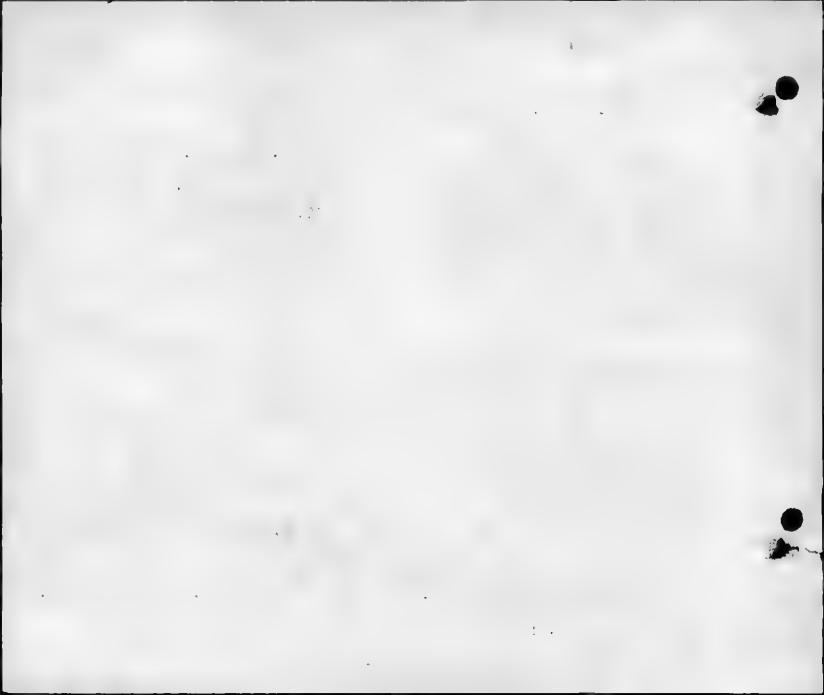
> > (State)

[County]

Cumberland, Md.

ON A FARM? YES NO F

236 Virginia Ave.,

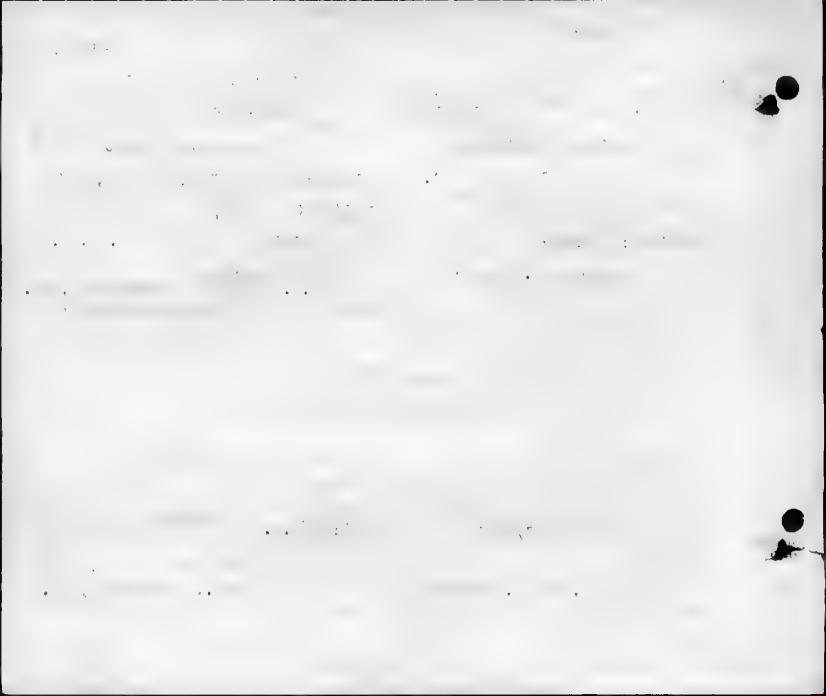


| MARY | AND STATE DEPART | IMENT OF HEALT | 191 |
|--------------------------------|---------------------|--------------------|-----------------------|
| DIVISION OF STATISTICAL RESEAR | CH AND RECORDS, 301 | W. PRESTON STREET, | BALTIMORE 1, MARYLAND |
| 00013 | CERTIFICATE OF | DEATH | 00019 |

| | 1. PLACE OF DEATH | | 2. USUAL RESIDEN | CE (Where deceased kved, if institutions Residence before edmission) | |
|---|---|-----------------------------|---|--|--|
| 1 | a. COUNTY Allegany | MARYLAND | a. STATE Mar | yland b. COUNTY Allegany | |
| H | b. CITY OR TOWN (if outside corporete limits, | c. LENGTH OF STAY IN 16 | e, CITY OR TOWN | If outside corporate limits, write RURAL and give nearest town) | |
| 4 | Cumberland Cumberland | 1/6/1962 | _^ 2 Cum | berland | |
| , | d. NAME OF HOSPITAL OR INSTITUTION (If not in hos | pitel, give street eddress) | d STREET ADDRESS | IS RESIDENCE ON A FARM? | |
| | Allegany County Infir | mary | 502 Washington Street YES NO IX | | |
| | 3. NAME OF First DECEASED | Middle | Last | 4. DATE Month Dey Yeer | |
| | (Type or print) Walter | C. | Capper | DEATH January 21. 1962 | |
| | 5 SEX 16. COLOR OR RACE 7. MARRIE | D NEVER MARRIED 8. | . DATE OF BIRTH | 9 AGE (In yours IF UNDER 1 YEAR IF UNDER 24 HRS. | |
| | Male White widows | | 1/5/1885 | 177 yrs Months Days Hours Min. | |
| | IGS. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | IND OF BUSINESS OR INDUSTR | | 12. CIT-ZEN OF WHAT COUNTRY? | |
| | Retired: Lawyer | | Virgin | ia U. S. A. | |
| | 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN | NAME | |
| | Charles M. Cap | | | Fletcher | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO 17 I | NFORMANT P.O. | Box 599 Address Cumberland, Md. | |
| | fired not at answer) fired as dealed an extended | A. | llegany Co | unty Infirmary records. | |
| | 18. CAUSE OF DEATH Enter only one cause per | ine for (e), (b), end (c),] | ^ | INTERVAL BETWEEN | |
| | PART I DEATH WAS CAUSED BY: | parkelly | - LEALEN | Lotist Diente | |
| | DUE TO | | | | |
| | Conditions, if ony, which to le alle Lew - Selenare, a Cerefiel | | | | |
| | geve rise to immediate cause | | | | |
| | cause lest. | | | | |
| | | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMI | NAL DISEASE CONDITION & VEN IN PART 1 .) 19. WAS AUTOPSY | |
| | ATIO | | | PERFORMED? YES NO | |
| | PART II. OTHER SIGN FICANT CONDITIONS CON 200 ACCIDENT WAS JNDERLYING 20b. DES 200 CONTRIBUTING CAUSE OF DEATH 10 (IF ETHER, NOTIFY MEDICAL EXAMINE) | CRIBE HOW INJURY OCCURED | . (Enter neture of injury in | Pert I or Pert II of Item 18.) | |
| | | | | _ | |
| | Q = 100 mm = 1 mm = 1,7 mm | | CE Of INJURY (Home, ferrory, street, office bldg., etc. | | |
| | Hour e.m. 19 et wor | - 1401 44 Ming | ory, siroon, onine breg., on | *** | |
| | 21. I certify that (I) (this hospital) atten- | ded the deceased from | 1/6/1962 | 19 to 1/21/19629 that (I) (we) last | |
| | saw the deceased alive on 1/21/19 | 52 19 and that | Geath Coursed B. | M.M., from the causes and on the date stated above. | |
| | 220 SIGNATURE | | * | 22b, DATE | |
| | 1310 10 externão 7 | 11 M | Distance TEST | MED STAFF DIRECTOR THYS. TO 1/2 2/62 | |
| | 22c. PHYS.CIAN'S | | 22d. ADDRESS | | |
| | NAME (Type) Dr. Lee B. | Mathews | 49 Gr | eene St., Cumberland, Md. | |
| 238. BURIAL, CREMATION 236. DATE THEREOF 23c. NAME OF CEMETERY, OR CREMATORY 23d. LOCATION (City, town or county) (Stele) | | | | | |
| Burnot 1/24/62 Rose Hell Cem. Cumberland Mcl | | | | | |
| | 24 FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | | C'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE | |
| 100 | Louis Alein Inc. | (unb. 1. | MC DATE | JAN 2 4 '62 CI chur L. Mars | |
| | | | | | |

ineral death. Figs 4 m bit. Since by the hospital or attending physician.

S = IO FUNERAL MAECINOR. After this mritical has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages is be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.



MARYLAND STATE DEPARTMENT OF HEALTH

after Pages

hours a

papers.

carbon

and

physician remove

VR A15 (4)

filled



MARYLAND STATE DEPARTMENT OF HEALTH

2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) **b.** COUNTY c. CITY OR TOWN (If outside corporate l'mits, write RURAL and give neerast town) m. IS RESIDENCE ON A FARM? YES NO 19 AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. Months 1 12. CITIZEN OF WHAT COUNTRY? USA INTERVAL BETWEEN ONSET AND DEATH PERFORMED?

> 22b. DATE SIGNED

> > MD.



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed fived, if institution; Ris dence befor admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if oulside comporate Let to & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cosporate limits, write RURAL and give nearest town) write RURAL and give nearest town). FROSTBURG FROSTBURG d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street eddress) . IS RESIDENCE d STREET ADDRESS ő ON A FARM? UHL STREET UHL STREET YES NO TO 3. NAME OF M ddle . 4. DATE DECEASED 2 1962 TEC CHAMBERS DEATH JANUARY (Type or print) 6. COLOR OR RACE 7. MARRIED THEYER MARRIED A 9. AGE (In yeers | IF UNDER I YEAR, IF UNDER 24 HRS. S SEX 8 DATE OF BIRTH 72 yrs. Months | Days Hours 1889 WIDOWED [DIVORCED 28 1Db. KIND OF BUSINESS OR INDUSTRY; 11 BIRTHPLACE (State or fore gin country) 10a JSJAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? ve Pages 1, Z, PM3. Page done during most of working life, even if relired) PAINTER SELF-EMPLOYED MARYLAND U. S. A. within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME JOHN B. CHAMBERS MARY B. MCALLISTER FILE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOC AL SECURITY NO. 17 INFORMANT 35ALLEN AVENUE permit. (Yes, no, or unkown) | (Ifyes give wer or detes of service) YES W.W.1 215-20-5306
is. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] DUCENE INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION. LEFT SUDDEN IMMEDIATE CAUSE (a) Office burial-t DUE TO CORONARY SCLEROSTS WITH THROMBOSTS Cord flors, if eny, which (b) geve rise to immediate cause DUE TO (e), stelling the underlying Examiner' pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1.0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 8 Medical I NO 20a. EXTERNAL CAUSE WAS 20b DESCRIBE HOW NIJRY OCCURED, (Enter neture of Insury in Part I or Pert II of Item 18.) PRIMARY | or CONTRIBUTING | CAUSE OF DEATH Chief the C. Month, Day, Year 2Dd, NJJRY OCCURRED 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) 20c. TIME OF INJURY (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work at work forwarded to the DIRECTOR: 21. I certify that I look charge of the remains described above, held an Autopsy K. Inspection K. Inquiry 37 and in my opinion Natural causes Y Accident Surcide Homicide Undetermined manner death resulted from. should be forward FUNERAL DIFF CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE NAME (Type) Address (Street, city town or county) NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) ST.MICHAEL'S CEMETERY OH 40 BURIAL 23. FUNDIVAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. ALSMA! 9 160 - Other & Harris



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND
CERTIFICATE OF DEATH

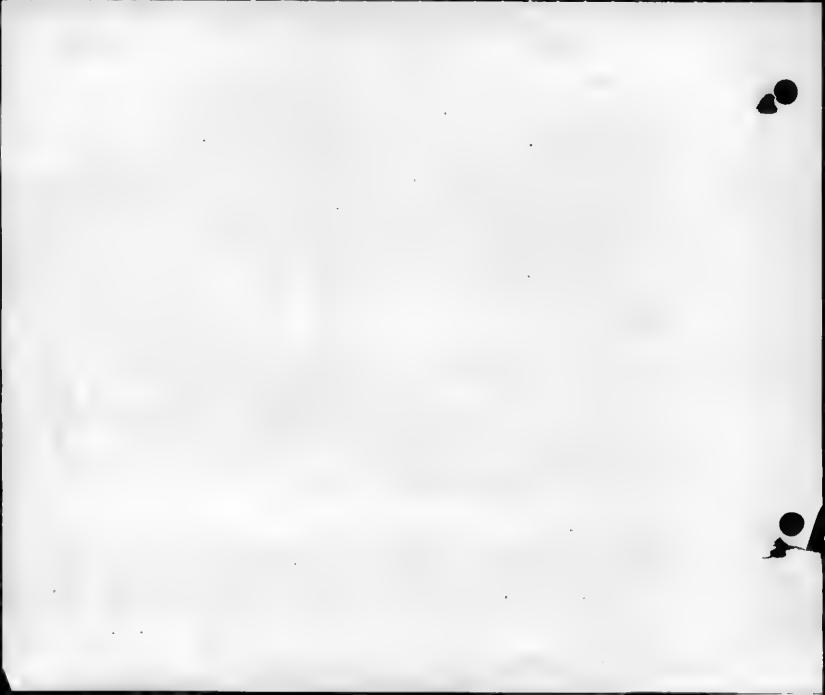
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08022

| 00020 | | | HULLAU | |
|---|--------------------------------|--|------------------------------------|--|
| 1 PLACE OF DEATH o. COUNTY 2. USUAL RESIDENCE (Where deceased live a. STATE | | | | Residence before admission) |
| Allegany | MARYLAND | Mary | land b. COUNTY | Allegany |
| b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | itside corporate limits, write RUI | RAL and give nearest town) |
| Cumrerland | 45yrs | Cumberlan | a 02 | |
| d NAME OF HOSPITAL (If not in hospital, give stree | t address) | d STREET ADDRESS 606 Maryla | nd Ave | e IS RESIDENCE ON A FARM? |
| 606 Maryland Ave. | | OOO Marj En | | YES NO 7 |
| 3. NAME OF First DECEASED | Middle | Lost | 4. DATE Month | CAP (743 |
| (Type or print) Mary | | arlton | DEATH Jan | |
| 1 | | Feb. 23, 18 | lost birthdoy) | Months Days Hours Min. |
| THE INC. LE | | | 00 / | |
| 10a USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | | 12 CITIZEN OF WHAT COUNTRY? |
| Housewife | Own Home | Moorefie | | USA |
| 13. FATHER'S NAME | 2.2 | 14. MOTHER'S MAIDEN NA | | |
| John H. Bo | | Anna Wh | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 11 (Yes, no, or unknown) [If yes, give wor or dates of service] | S. SOCIAL SECURITY NO. 17, INF | FORMANT | Addre | |
| no | none wir | s. Jack Cor | bett, Cumber | rland, Ad. |
| 1B. CAUSE OF DEATH [Enter only one cause per | line for (0), (b), and (c)] | , | • | INTERVAL BETWEEN |
| PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) | 20 | rulna | 0 | Zuns |
| DUE TO | | 1-4- | 6 0 | ./ |
| Conditions, if ony, which (b) | myotare | delis o | Decomplere. | eter 140 |
| gave rise to immediate Couse (o), stating the under- | 1-1 | | 0. | -un- |
| lying cause lost. (c) | Un | rosco | noses | 3 /2 |
| PAINT IF OTHER'S GIVE CANT CONDITIONS | CONTRIBUTING TO DEATH BUT N | NOT RELATED TO THE TERMIN | VAL D SEASE CONDITION GIVE | N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? |
| PART II OTHER'S GNIF CANT CONDITIONS | | | | YES NO |
| OR CONTRIBUTING CAUSE OF DEATH | SCRIBE HOW INJURY OCCURRED | (Enter nature of injury in P | art I or Port II of item 18) | |
| | | | , | |
| | Em etc | CE OF INJURY (Home, farm, ory, street, office bldg., etc.) | 20f (City or town) | (County) (State) |
| | ork of work | | * | |
| 21 I certify that (I) (this hospital) after | nded the deceased fram | 196 | 61 10 Jan 25 | 1967 that (I) (we) last |
| sow the deceosed olive on Jan | 9 / / 7~ | | God Comment | I on the date stated above. |
| 22a SIGNATURE | | | | 1/ 226. DATE |
| Charyl. 25 | urrett | ATTENDING ME | D. STAFF PHYS | 126/62 |
| 22c PHYSICIAN'S NAME (Type) | | 22d. ADDRESS | | 1 1 d ' (d |
| Dr. Clay E. | Durrett, M.D. | , 236 Virg | inia Ave.Cum | perland, ma. |
| 230 BLR AL CREMATION, 236 DATE THEREOF | 23c NAME OF CEMETERY OR | CREMATORY | 23d LOCATION (City, town, ar | county) (State) |
| Burial Jan.28,196 | 32 Olivet Ce. | netery | Moorefield, | H. Va. |
| 24. FUNERAL DIRECTOR'S SIGNATURE | ADDRESS | 25a. REC'D | BY REGISTRAR 255 REGIST | RAR'S SIGNATURE |
| James F. Scarrelli. | Cumberland. | DATE J | AN 2 9 '62 . | nur S. Thous |

director, fied with PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO HOSPITAL OR ATTEN PHYSICIAN: The low requires that the death certificate be executed within 24 hours after may be retained by the control of attention and campletely filled in by the figure 2 should be detached for use as the burial-transit permit. Then please remark corbon papers. Pages 1 and 2 should be detached for use as the burial-transit permit. Then please remark corbon papers. Pages 1 and 2 should the State Board of Health prior to burial, cremation, or remayol, and in any event, within 72 hours after death.

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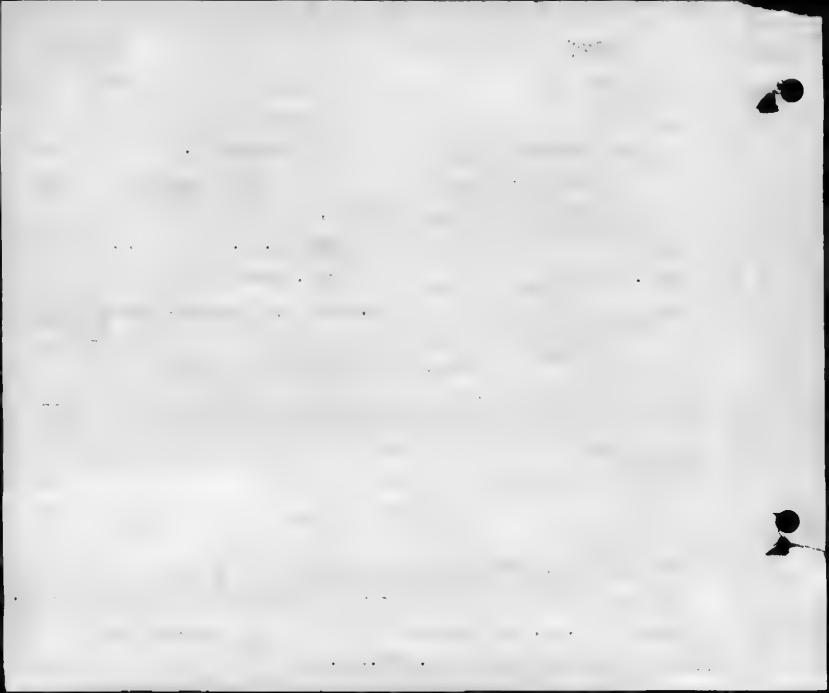
FUR STATE HEALTH DEPT. Pealth, 969

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 00024 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 66627

| | | LACE OF DEATH | | | 2. USUAL RESIDENCE (Where deca | | sidence hefora admission) |
|------------------------|-------------|--|--|--------------------------------------|--|--|----------------------------------|
| l | 4 | . COUNTY Alleg | env | MARYLAND | a. STATE Maryland | b. COUNTY Alle | gany |
| | b | CITY OR TOWN (| f outside corporate l'm'is, | , c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corpore | | |
| ı | | | give nearest town) rland | | Cumberland | | |
| | ď | 4 | | of in hospital, give street eddress) | d. STREET ADDRESS | | e. IS RESIDENCE ON A FARM? |
| 1 | | Memor | ial Hospital | | 547 N. Centre | St. | YES NO |
| I | | NAME OF DECEASED | * first | Middle | Last 4, DATE | Month | Day Year |
| ı | | Type or print) | Evelyn Mar | ie Clark | DEATH | January 21 | 19 62 |
| ı | S. : | SEX X | 6. COLOR OR RACE 7. | MARRIED NEVER MARRIED 8 | DATE OF BIRTH | AGE (In years IF UNDER 1) lest birthday) Months D | YEAR' IF UNDER 24 HRS. |
| ı | | emale | 1 HILLS OC | VIDOWED DIVORCED D | | 5 yrs. | |
| ı | 10a. don | USUAL OCCUPATI during most of wo | ON (Giva kind of work rking lifa, avan if ratirad) | 106 KIND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (State or fore gn count | ry) 12 CITIZ | TEN OF WHAT COUNTRY? |
| | | IOUSEWIFE FATHER'S NAME | | | Franklin, W. Va. | _U.S | .A |
| ı | .7 | John R. Sh | orrette | | Mary E. Howarth | | |
| ı | 15. | WAS DECEASED EV | ER IN U.S. ARMED FORCES | 16. SOCIAL SECURITY NO. 17. | | Address | _ |
| ١ | ţres | No | iyasgive war or datasof servi | | s. Albert May Cresa | ptown, Maryl | and |
| ı | -1 | Prince Control of the | EATH [Enter only one can | usa par line for (a), (b), end (c).) | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | | H WAS CAUSED BY: | CEREBRAL HEMOF | RRHAGE | | 2-3 Days |
| ١ | | 14. | DUE TO | | | | |
| | | Conditions, if any | | HYPERTENSIVE C | CARDIOVASCULAR DI | SEASE | |
| 1 | | gava rise to immadi (a), stating the u | > bill to | | | | |
| 1 | | cause last. |) (c) | ARTERIOSCLEROS | | | 36-36-36-36 |
| - | NOIL | PART II. OTHER | SIGNIFICANT CONDITIO | NS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CO | INDITION GIVEN IN PART | PERFORMED? |
| | 5 | 20a, EXTERNAL CA | HIEF WAS I DON | DESCRIBE HOW IN HIRT OCCUPED IN | Entar natura of injury In Part I or Part II of th | - 18 1 | YES X NO 1 |
| | CERTIF | PRIMARY OF CO | | DESCRIBE HOW INJURY OCCURED. (2 | tria value of highly to refer to the | , (0.) | |
| | Ĭ. | 20c, TIME OF INJU | RY Month, Day Year | | CE OF INJURY (Home, farm, 201. (City of ory, street, office bldg., atc.) | r town) (Coun | (State) |
| 1 | MEDI | Hour a.m. p.m. | 19 | al work al work |) | | |
| | | 21 I certify th | nat I took charge of I | he remains described above, he | ild an Autopsy X. Inspection D | K, Inquiry K, | and in my opinion |
| | | death resulted f | rom Natural caus | es 🔼 Accident 🔲, Suic | ide Homicide , Unde | etermined manner | |
| CHIEF MEDICAL EXAMINER | | | | | | | |
| | | SIGNATURE | Lenedict | Sketarelic | M D ASSISTANT MEDICAL EXAMINER | | 21, 1961 |
| 0 | | EXAMINER'S NAME (Typa) | BENEDICT | SKITARELIC, M.I | DEPUTY MEDICAL EXAM NER Address (Street c ly, lown, or co | | |
| | 22e | | N, 226. DATE THEREOF | | | N (City, town, or country) | (State) |
| | | Burial JUNERAL DIRECTO | Jan. 24. 1 | 962 Sunset Memoria | 21 Park Cumber | land Maryla | GNATURE |
| 1 | 5 | wist. | 1 Dra 117 F | rederick St. Cumb, | JAN 2 9 '62 | 2 Culun S. | Thous |
| F | 9 | المقارب منامه | 000 | TOUCH TOU OWNED | | | |

TO DEPUTY ME William I AMINER. This certificate should be executed within 24 hours after death. If any delay is in please execute if the writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directional defends be forwarded to the Chief Medical Examiner's Office elong with form PM3, Page 5 may be retained for your FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Bloads or its designated egent, prior to burial, cremation, or removal, end in any eventiminity? I hours after death. VS. AISME SM 9160



MARYLAND STATE DEPARTMENT OF HEALTH PRESTON STREET, BALTIMORE 1, MARYLAND Division of STATISTICAL RESEARCH AND RECORDS, 301 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) a. COUNTY a. STATE b. COUNTY Allegany MARYLAND Marvland c CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if oulside corporate I m ts. & LENGTH OF STAY IN 16 write RURAL and give nearest town? lı Years Chumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS the State B 511 Dilley Street Dilley Street 3. NAME OF Middle 4. DATE Month DECEASED OF iftin 24 hours.
Give Pages 1, 2, and 5 included form PM3, Page 5 may be referred to the pages 1 and 2 with the included within 72 hours after within 72 hours after the pages 1 and 2 with the included to the pages 1 and 2 with the included to the pages 1 and 2 within 72 hours after the pages 1 and 2 within 72 hours after the pages 1 and 2 within 72 hours after the pages 1 and 2 within 1 and 2 w DEATH (Type or print) Martha Ellen Clark January 6 COLOR OR RACE 7. MARRIED NEVER MARRED AGE (In years | IF UNDER I YEAR 8. DATE OF BIRTH 5 SEX last birthday) Months 1 I WIDOWED Female White January 16,1889 72 10b. KIND OF BUSINESS OR INDUSTRY 112. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Pennsylvania Housewrok Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME it. File | Lary Everline Henry Petenbrink (Deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17. INFORMANT Deceased) Address (Yes, no, or unknwn) ((if yas give wer or detas of service) Route #3 with permi 214-14-7580 mrs. E. M. Horchler 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), the word "pending" in pencil in II Medical Examiner's Office along should be used as a burial-transit play, cremoval, and in PART I. DEATH WAS CAUSED BY: UREMTA IMMEDIATE CAUSE (a) DUE TO CHRONIC GLOMERULARNEPHRITIS Conditions, if any, which (b) geve rise to immediate cause **DUE TO** (a), stating the underlying ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE PART IL, OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART IL.) 19. WAS AUTOPSY CERTIFICATION 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, IEnter neture of injury in Part I or Part II of item 18.) PRIMARY Or CONTRIBUTING CAUSE OF DEATH. writing to Ch of A Page 3 sl MEDICAL 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 1 20f (City or lown) 20c. TIME OF INJURY Month, Day Yeer fectory, street, office bldg., atc.] While ___Not While Hour a.m. please execute the certificate, w 4 should be forwarded to the (O FUNERAL DIRECTOR: Pa or its designated agent, prior it 4. the 2. the 2. the 2. the 3. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy . Inspection 📆 Inquiry | W Natural causes X Accident Suicide Homicide Undetermined manner death resulted from: CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER January DEPUTY BENEDICT SKITARELIC. M.D. NAME (Type) Cumberland, Md. Address (Straet, city, lown, or county) R 9 22a BURIAL, CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY I 22d. LOCATION (City, lown, or country)

Hillcrest Burial Park

Ol Decatur Street

Cumberland Maryland

Allegany

. IS RESIDENCE ON A FARM?

YES NO T

IF UNDER 24 HRS.

Hours

U. S. A.

Cumberland

Laryland

ONSET AND DEATH

PERFORMED? NO X

(State)

and in my opinion

DATE BIGNED

Cumberland

DATE

246. REC'D BY REGISTRAR I 246. REGISTRAR'S SIGNATURE

MONTHS-

VS. A15ME 5M 9 60

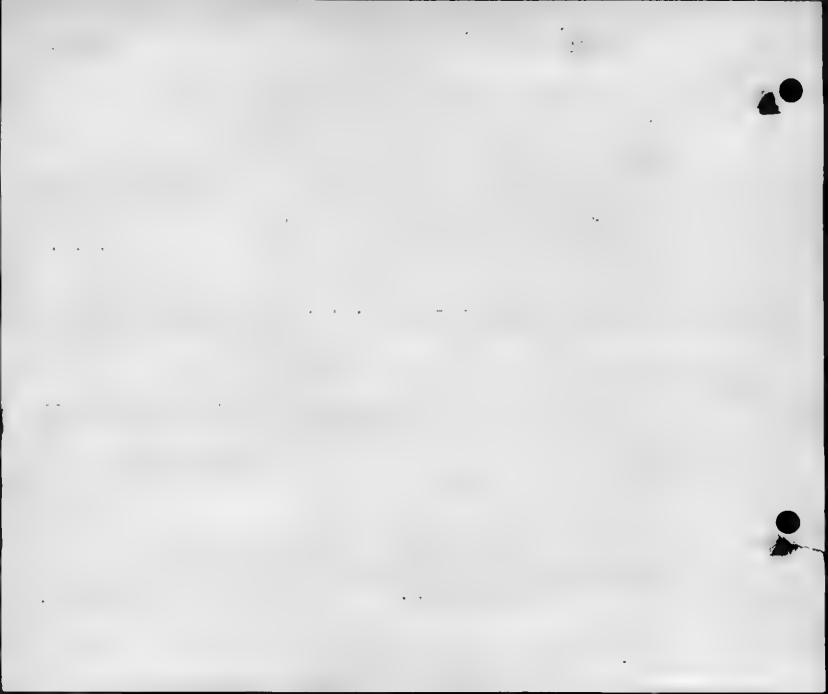
40 9

REMOVAL (Specify)

Ruth E. Silcox

Burial

23. FUNERAL DIRECTOR



AND STATE DEPARTMENT OF HEALTH W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution, Residence before edmission) a. COUNTY ALLEGANY MARYLAND b. CtTY OR TOWN (if outs de corporete fimits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate | mits, write RURAL and give peerest town) write RURAL end give neerest town) CHMETRIAND TOAY RURALSHEE RIDGETEY . 15 RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM? SACRED HEART HOSPITAL YES NO 3. NAME OF 4 DATE Middle Month DECEASED OF (Type or print) DEATH REBECCA 19 JAN. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years LIF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months Hours E B WIDOWED TO DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10s. USUAL OCCUPATION (G've kind of work 11. BIRTHP, ACE (County & Stete, or fore an country) done during most of working life, even if retired) ACCIDENT - GARRETT CO. - MD. tou saw I FR please 13. FATHER'S NAME ding BURK HOLDER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURTY NO.: 17. INFORMANT (Yes, no, or unkown) . (If yes give we ror detes of service) 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c),) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (+) DUE TO artenouleron, Conditions, if any, which (b) gave rise to immediate cause **DUE TO** (a), stating the underlying cause lest. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE LERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19 WAS AUTOPSY 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of them 18.) OR CONTR BUT NG _ CAUSE OF DEATH 20c. TIME OF NJURY MONTH, Day, Year | 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) While Not While factory, street, office bldg., etc.) el work el work .. 19.6 that (I) (we) last 21. I certify that (I) (this hospital) attended the deceased from. saw the deceased alive on DATE SIGNED PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN'S S.G. WEISMAN, M.D. Corporace St Comberlan 23a BURIAL, CREMATION, 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town or county) REMOVAL (Specify) 0 SAJJBURY KURAL 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FONDEAL DIRECTOR'S SIGNATURE VR A15 .41 15M 7/61



FOR STATE HEALTH DEPT.

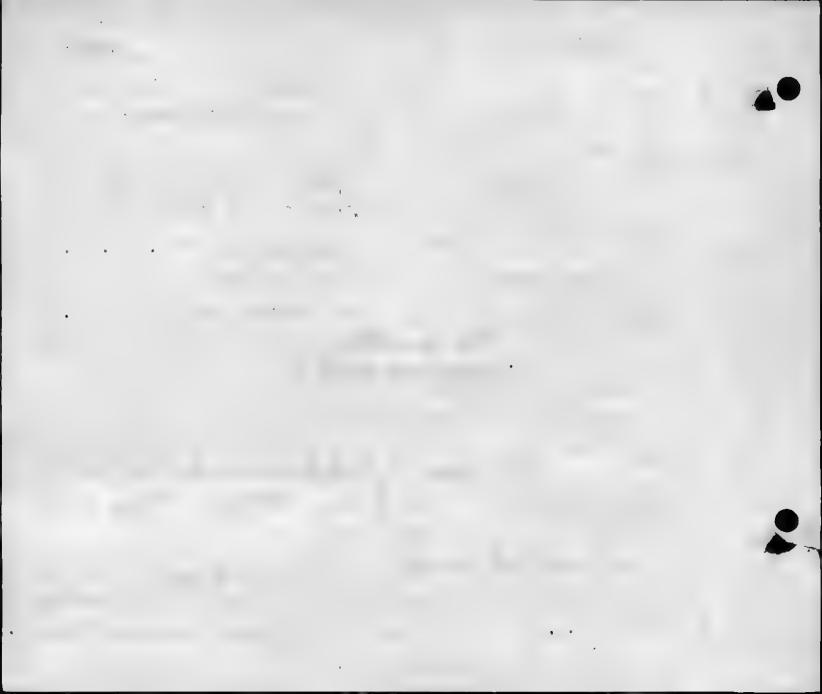
age. es. TO DEPUTY ME XAMINER: This certificate should be executed within 24 hours after death. If any delay is need please execute if X. a.c.ate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction of the Chief Medical Examiner's Office along with form IIMS. Page 5 mm by the mainined for your TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removel, and in any event within 72 hours after death.

VS. AISME 5M 9/60

MADVIAND STATE DEDARTMENT OF HEALTH

| MAKILAND SIAIE D | EPARIMENT OF REALIN |
|---|--|
| Pivision of STATISTICAL RESEARCH AND RECORDS, | 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND |
| ODDOW MEDICAL EXAMINER'S | CERTIFICATE OF DEATH |

| ı | - Items 3 & 14 li | |
|----|--|---|
| ı | 1. PLACE OF DEATH a. COUNTY & 17 | 2. USUAL RESIDENCE (Where deceased lived, If institution: Readance before admission) o. STATE b. COUNTY |
| | Allegany MARYLAND | Maryland Allegany |
| | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) |
| | Rural Little Orleans | Rural Little Orleans Md |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS |
| | II ama | ON A FARM? |
| 1 | Home 3. NAME OF First Middle | |
| | DECEASED | Conrad |
| | VIGUELO. | 1 5 1 12 05 |
| | 7. MARKED NEVER MARKED | 8. DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 1 Set birthdey) Months Days Hours M.n. |
| 1 | M WIDOWED DIVORCED | 6.14 1938 23 ym. 1938 |
| 1 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | RY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? |
| ı | Labor Carpenter | Bedford County Penna U.S.A. |
| d | 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| 4 | The adams Waldship Connad | Gladwa O Naga |
| ŀ | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. | Gladys O, Neal |
| ı | (Yes, no, or unkown) (Ifyesg ve war or dates of service) | CONTRE |
| 1 | 18. CAUSE OF DEATH (Enter only one cause per line for (e), (b), and (c), | orms M Covarda Little Orleans Md. |
| ı | PART I, DEATH WAS CAUSED BY | NTERVAL BETWEEN ONSET AND DEATH |
| 1 | IMMEDIATE CAUSE (0)_ Cophyxia | 10-15 MIN. |
| 1 | 835 X DUE TO D | , |
| 1 | Conditions, if any, which \ (b) Compression | of Chest. |
| 1 | gave rise to immediate cause (e), stating the underlying DUE TO | |
| 1 | cause lest. | |
| ı | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY |
| ı | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO DEATH BUT NO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CAUSE OF DEATH. | PERFORMED? YES TO NO DO |
| ı | 20%. EXTERNAL CAUSE WAS 20%. DESCRIBE HOW INJURY OCCURED. | (Enter neture of Injury In Part I or Part II of Item 18.) |
| ı | PRIMARY OF CONTRIBUTING PLATE AD. | and a the state of |
| ı | IMULA RUCLEM BA CEL | Jack Jimming vieum marnenen, |
| ı | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY/OCCURRED Too. P. While Not While at work at w | (CE OF INJURY (Home, farm, 20). [City or town] (County) (State) |
| ı | ₹ 500 p.m. Jan 27 1962 of work at work X | ome grove allegray Md. |
| ı | 21. I certify that I took charge of the remains described above, he | eld an Autopsy . Inspection . Inquiry . and in my opinion |
| ı | death resulted from: Natural causes . Accident X. Suid | ide , Homicide , Undetermined manner |
| ı | | CHIEF MEDICAL EXAMINER |
| | ACTUAL (Squade of Skitanolis) | M.D. ASSISTANT MEDICAL EXAMINER |
| | SIGNATURA CENTRAL DE CONTROL DE C | DEPUTY MEDICAL EXAMINER & Jan. 27, 1962 |
| 1 | EXAMINER'S NAME (Type) | Address (Street, city, town, or county) RB 9 Cumber found |
| 1 | 220. BURIAL, CREMATION, 226. DATE THEREOF 1 226. NAME OF CEMETERY O | |
| | REMOVAL (Specify) | Manager III - |
| - | Burial 2.1.62 Pine Grove | Monrow Township Bedford Pen. |
| | / | IAM 2.0 and |
| l. | fill cold and it the interior | Circles & Trans |
| | | |





NDING PHYSICIAN: The faw requires that the death certificate be executed within 24 TO HOSPITAL ORARA VDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 m. Indeed by the hospital or attending physician.

TO FUNERAL DI ACTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pagers Pages 1 be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after

VR A15 (4) 15M 9/60 MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH

| 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where decessed lived, if institutions Residence before edmission) |
|--|---|
| Allegany | o. STATE Md. Allegany |
| b. CITY OR TOWN (if outside corporate Limits. | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) |
| Rural-Westernport 19yrs. | XRural-Westernport |
| d. NAME OF HOSPITAL OR INSTITUT ON (if not in hospitel, give street eddress) | d. STREET ADDRESS IS RESIDENCE |
| 1 Mi N.W. Westernport | 1 Mi. N.W. Westernport YES NO |
| 3. NAME OF First Middle | Last 4. DATE Month Day Year |
| [Type or print] Oatherine | Davis Death Jan. 25 1962 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 | DATE OF BIRTH 19. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. |
| Female White WIDOWED TO DIVORCED | Sept. 4, 1873 last birthdey) Months Days Hours Min. |
| 100. USUAL OCCUPATION (Give kind of work 100, KIND OF BUS NESS OR INDUSTR | TY 11 BIRTHPLACE (County & State, or foreign country) 12. C TIZEN OF WHAT COUNTRY? |
| done during most of working life, even if relired] HOUSE Wife | Grant Ct. W. Va. U.S.A. |
| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
| Daniel Schell | Mary Cosner |
| 15. WAS DECEASED EVER N U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. 1 [Yes, no, or unknown] [ffyesgivewerordelesofservice] | INFORMANT Address |
| | lara Wiason-Westernport, Md. |
| 18. CAUSE OF DEATH [Enter only one cause per line [on.[e], (b), and (c).] | INTERVAL BETWEEN |
| PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) | the large Sowel 3 years |
| O DUE TO | |
| Conditions, If eny, which (b) | |
| geve rise to immediate cause | 1 |
| (e), stating the underlying Dut 10 | 1 |
| PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL D SEASE CONDIT ON G VEN IN PART 1(6), 19. WAS AUTOPSY |
| — — | PERFORMED? |
| 200. ACCIDENT WAS UNDERLYING L. 200. DESCRIBE HOW INJURY OCCURED | . (Enter neture of injury in Pert I or Pert J of Item 18.) |
| OR CONTRIBUTING CAUSE OF DEATH | |
| I V I | CE OF INJURY (Home, farm, 201. (City or town) (County) (State) |
| Hour e.m. While Not While Fact | ory, sireer, onice orage, etc.) |
| 21. I certify that (I) (th's hospital) attended the deceased from. | December, 1987 to Jan 26, 196 7 that (1) (we) last |
| saw the deceased alive on | death occured a 1036M, from the causes and on the date stated above |
| 220. SIGNATURE, | 22b. DATE |
| William W. Klah M | ATTENDING MED. STAFF SIGNED |
| PHYSICIAN'S NAME (Type) 12 2 201 Marsh | 22d ADDRESS |
| NAME (1789) 13 f. Alf of 1993(1 | Westernport, Md. |
| 230. BURIAL, CREMATION, 236. DATE THEREOF 230 NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or county) (State) |
| Burial 1/28/62 Lahmansville | Lahmansville W. Va. |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25e, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE |
| Westernport, M | d. IDATE JAN 2 9 162 |
| | d. IDATE JAN 29 162 1 |



FOR STATE HEALTH DEPT.

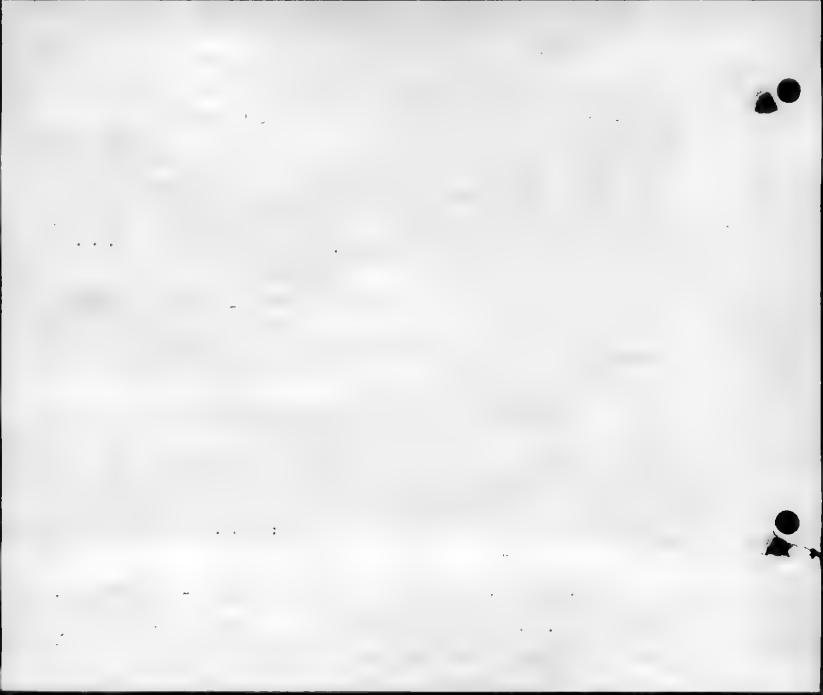
VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF MARTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 10030MEDICAL EXAMINER'S CERTIFICATE OF DEATH 111113()

| ۲۱. | 1. PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, If and Julion, Residence bef admission) | |
|----------|---|--|--|
| | | a. STATE MARYLAND ATTEGATY ATTEGATY | |
| 1) | b. CITY OR TOWN (if outside corporate limits, 'write RURAL and give nearest fown) c. LENGTH OF | | |
| | Cumberland Life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, g ve street | address d STREET ADDRESS 0. IS RESIDENCE | |
| $A \mid$ | 633 Elm Street | 633 Elm Street YES NO 15 | |
| 5 | 3. NAME OF First Midd | e Lest J. DATE Month Day Year | |
| | (Type or print) Samuel Aust | in Davis Death January 15 19 62 | |
| 7 | 5. SEX 6. COLOR OR RACE 7. MARRIED X NEVER MA | RRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR) IF UNDER 24 HRS. | |
| | Male White WIDOWED DIVO | last birthday Months Days Hours Min. | |
| | 10s. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? | |
| | Retired City Stree | | |
| | 13. PATREES NAME | 14. MOTHER'S MAIDEN NAME | |
| | Jesse Davis 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURI | Ella Jeffries YNO. 17. INFORMANT Address | |
| | (Yes, no, or unkown) i (Ifyasgive war or detes of service) Yes W. W. 1 | | |
| | 18. CRUSE OF DEATH [Enter only one cause per line for (a., (b. en | and I make politory basts of Till Dillege | |
| | PART I. DEATH WAS CAUSED BY: COPONIA D | ONSET AND DEATH | |
| | IMMEDIATE CAUSE (a). | 2 OODDAN | |
| | Conditions, if any, which (b) | NARY SCLEROSIS | |
| | gave rise to immediate cause | The second secon | |
| | (a), saling the underlying | | |
| | | | |
| | PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D | PERFORMED? | |
| | TO EXTERNAL CALLES WAS 1 200 DESCRIPE UNIVERSITY | OCCURED. (Enter nature of Injury In Pert I or Part II of Itam 18.) | |
| | PRIMARY Or CONTRIBUTING OCAUSE OF DEATH. | | |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURR | D 20e. PLACE OF INJURY (Home, farm, letcory, street, office bidg., etc.) (County) (County) | |
| | Hour s.m. While Not While at work at work | | |
| | 21 I certify that I took charge of the remains describe | | |
| - [| death resulted from Natural causes [A]. Accident | | |
| | a in lain | CHIEF MEDICAL EXAMINER | |
| - | SIGNATURE ELLECUL Skilar | ASSISTANT MEDICAL EXAMINER DATE SIGNED | |
| | EXAMINER'S BENEDICT SKITARELIC, 1 | M.D. DEPUTY MEDICAL EXAMINER A January 16, 1962 Address (Street, city, town, or county) | |
| | 228. BURIAL, CREMATION, 225. DATE THEREOF 22c NAME OF | CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Sia e) | |
| | Burial 1/18/62 Mt. Herm | an Conetery Cumberland Maryland | |
| X | 23 FUNERAL DIRECTOR ADDRESS | 246. REC'D BY REGISTRAR 246 REGISTRAR S SIGNATURE | |
| 7.1 | John J. Hafer Cumberla | d. Maryland DATE JAN 19 62 Common S. Home | |



DIVISION OF STATISTICAL RESEARCH AND RECOR PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY b. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN lif outs de corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give naerest town) write RURAL and give naerest town? CUMBERLAND DAY ELLERSLIE. MARYLAND 5 a. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d STREET ADDRESS ON A FARM? MEMORIAL HOSPITAL YES NO 3 NAME OF Middla 4. DATE DECEASED DEATH (Type or print) JOHN Ė VORE IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years | IF JNDER 1 YEAR last birthday) Months Days Hours MALE WIDOWED DIVORCED physician 10a. USJAL OCCUPATION (Giva kind of work 12. CITIZEN OF WHAT COUNTRY? 10b KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (County & State, or foraign country) done during most of working life, even if retired) U.S.A. RET I RED KELLY SPRINGFIELD TIRE CO. attending pl 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ,⊑ JOHN DE VORE BARBARA WITT Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO | 17. INFORMANT Addrass (Yes, no, or unkown) | (If yes give wer or dates of service) - CUMBERLAND. MEMORIAL HOSPITAL INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), b,, and (c).) ģ ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), staling the underlying PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO 1 20b DESCR BE HOW INJURY OCCURED (Enter nature of injury in Part I or Part II of Itam 1B." 20a, ACCIDENT WAS JNDERLYING . I OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (Stata) 2Dd. INJURY OCCURRED : 2De. PLACE OF INJURY (Home, farm, 20f. (Cily or fown) (Courty) 20c TIME OF INJURY Month, Day, Year fectory, street, office bldg., etc.] While Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from. and that deeth occured at 2:35, Arom the causes and on the date stated above. saw the deceased a ive on 22b. DATE SIGNATURE SIGNED ATTENDING FUNERAL ector, page DIRECTOR PHYS. PHYS M.D. 22d, ADDKESS PHYS CIAN S NAME Typa) GEORGE M. ALGONQUIN HOTEL - CUMBERLAND, MD. 23d. LOCATION (City, Jown or county). 234 BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 0 5 8 REMOVAL (Spacify) Hyndman, Pa. Porter Cemetery Burlal 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7 6I Hyndman, Pa. DATEJAN 1 1 Circling & Kraya



STREET, BALTIMORE 1, MARYLAND

filled completely paper carbon certificate be pue геттоме Ω. please aftending signed

SNDING PHYSICIAN: The law requires the sined by the hospital or attending physician as C.C.O. After this certificate has been signed by

S 0

TO HOSPITAL

death. Page 4

(a) SIV TO FUNERAL

director, page 3

Light Mark Mark

be filed with the



MARYLAND STATE DEPARTMENT OF HEALTH TON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaased lived, If institution, Residence before admission) a. COUNTY MARYLAND corporate limits, write RURAL and git b. CITY OR TOWN (if IS RESIDENCE ON A FARM? □ NO Z DECEASED (Typa or print) and ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary Edema l hr. DUE TO Conditions, if any, which (b) Acute coronary occlusion gave rise to immediate cause DUE TO Arteriosclerotic & Rheumatic Heart Disease with (a), stating the undarlying 18 PART IN OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART (6) years PERFORMED? Diabetes Mellitus; Rhematoid arthritis NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of Itam 18.)
OR CONTRIBUTING CAUSE OF DEATH:
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20a. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (Steta) 20c. TIME OF INJURY Month, Day, Year (County) factory, street, office bldg., atc.) Not While Hour a.m. 21. I certify that (i) (KIKANSKOPM) attended the deceased from ... March 30,..., 19.60 to Jan., 19.62, that (i) (KIKANSKOPM) saw the deceased alive on. January 9, 1962..., and that death occurred at ILB pun from the causes and on the date stated above. SIGNATURE SIGNED 220 PHYS CIAN'S 22d. ADDRESS 414 N. Mechanic Street, Cumberland, Md. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE **VR A15 (4)**



HEALTH DEPT. O DEPUTY M. CARMINER: This certificate should be executed within 24 hours after death. If any delay is not please execute its control of the funeral direction of the control of the contr

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TO DEPUTY

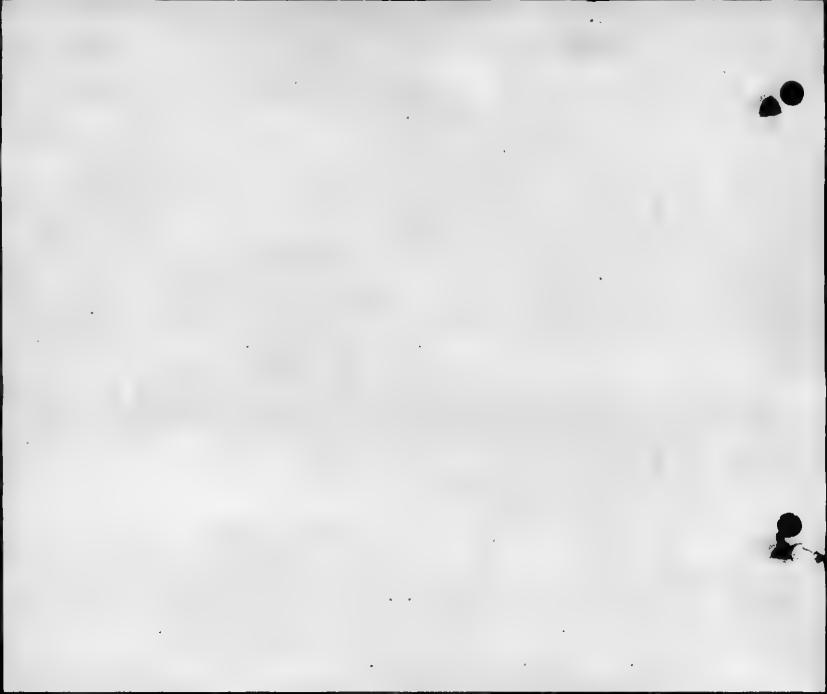
VS. AISME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Divis

| Hon of STATIS | TICAL RESEARC | 'H WUD KECOKD2' | 301 M. BKESTON SIKE | I, BALIIM | RE I, MARTLAND |
|---------------|---------------|-------------------|---------------------|-----------|----------------|
| 00034 | MEDICAL | EXAMINER'S | CERTIFICATE OF | DEATH | 00034 |
| | | | | | |

| - k | Like Like Like The Li | | | |
|-----|--|-------------------------------|---|------------------------------------|
| | 1. PLACE OF DEATH •. COUNTY | | 2. USUAL RESIDENCE (Where deceased lived, if | |
| | Allegany | MARYLAND | e. STATE b. COU C. CITY OR TOWN (If outside corporate limits, wri | lleganv |
| ١ | b. CITY OR TOWN (if outs de corporate I m ts write RURAL and give neerest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (if Suls.de corporata limits, wri | te RURAL and give neere: town) |
| 7 | Cumberland | 66 yrs. | C L Cumberland | |
| 1 | d. NAME OF HOSPITAL OR INSTITUTION (if not in h | aspitat, give street eddress) | d. STREET ADDRESS | IS RESIDENCE ON A FARM? |
| | 306 Springdale St. | | 315 Springdal | |
| | 3. NAME OF First DECEASED | M ddle | Last 4. DATE Moni | th Dey Yaar |
| | (Type or print) Herber | ct B. D | urbin DEATH Jan | 1. 25 19 62 |
| | S. SEX 6. COLOR OR RACE 7. MARR | | DATE OF BRTH 9. AGE (In years | I IF UNDER 1 YEAR IF UNDER 24 HRS. |
| | Male White wipow | | June 1. 1895 last birthday) 66 yrs. | Months Deys Hours Min. |
| | | KIND OF BUS NESS OR INDUSTR | | 12. CITIZEN OF WHAT COUNTRY? |
| | dane during most of working life, even if retired) | | | |
| | Retired Carman | Railroad | Gaithersburg, Md. | USA _ |
| | John H. Durbin | | Mary Norris | |
| | 1S. WAS DECEASED EVER IN J.S. ARMED FORCES? 14(Yes, no, or unknown) (Ifyasgive waror detes of service) | S. SOCIAL SECURITY NO. 17 | NFORMANT Addres | 4 |
| | | 705-05-77 CH | rl Ray Durbin, Cumber. | Land. d. |
| | 18. CAUSE OF DEATH [Enter only one cause pe | | | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY: | Comment | and | ONSET AND DEATH |
| | 4/20// DUE TO | Coranava | Actorisis | Juna |
| 1 | 6 10 | Corner | Nelsman | |
| | gave rise to immediata ceuse | Co contro cy | 7.0-0-200 | _ |
| | (a), steting the underlying DUE TO | / | | |
| ı | causa lost. (c) | ONTRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GI | VEN N DART IVAL TO WAS ALTORSY |
| ı | PART II. OTHER S GN FICANT CONDITIONS CO | MIRIBUTING TO DEATH BUT NO | TREEATED TO THE TERMINAL DISEASE CONDITION GI | PERFORMED? |
| ŀ | | | | AE2 NO 🟋, |
| | PART II. OTHER S GN FICANT CONDITIONS CO | TRIBE HOW NURY OCCURED. (E | inter neture of injury in Pert (or Pert II of item 18.) | |
| ı | | I. INJURY OCCURRED 20%. PLA | CE OF INJURY (Home, ferm, 20f. (City or lown) | (County) (State) |
| 1 | Hour e.m. Wh | iileNot While fect | ary, street, office bldg., etc.) | 1 |
| | pint o | rork at work | | (73) |
| | 21. I certify that I took charge of the re | mains described above, he | ld an Autopsy 🔲, Inspection 🔀 Inqui | ry 📈, and in my opinion |
| | death resulted from: Natural causes 🔏 | , Accident . Sutc | ide [_], Homicide [_], Undetermined r | nanner |
| | 0 ., | 12- | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE Deveduct | Sketarelia | M. D. ASSISTANT MEDICAL EXAMINER | 25, PATE SIGNED |
| | EXAMINER'S T | 7.1 | DEPUTY MEDICAL EXAMINER | 0 1 1 1 1 1 1 |
| | NAME (Type) Benedict Skit | | Address (Street, city, town, ar county) R 9 CREMATORY 22d, LOCATION (City, tow | Umberland, Md |
| | 228. BURIAL, CREMATION 226. DATE THEREOF REMOVAL (Specify) | 22c. NAME OF CEMETERY OF | | n, or country) (State) |
| | Burial Jan.28,196% | Mt. Tabor C | emetery Oldtown, we | i. |
| 1 | 23. FUNERAL DIRECTOR | ADDRESS | 240. REC'D BY REGISTRAR 246. REC | STRAR'S SIGNATURE |
| | James F. Scarvelli, Ci | unberland, Md | DATE JAN 2 9 '62 | 7 & Kana |



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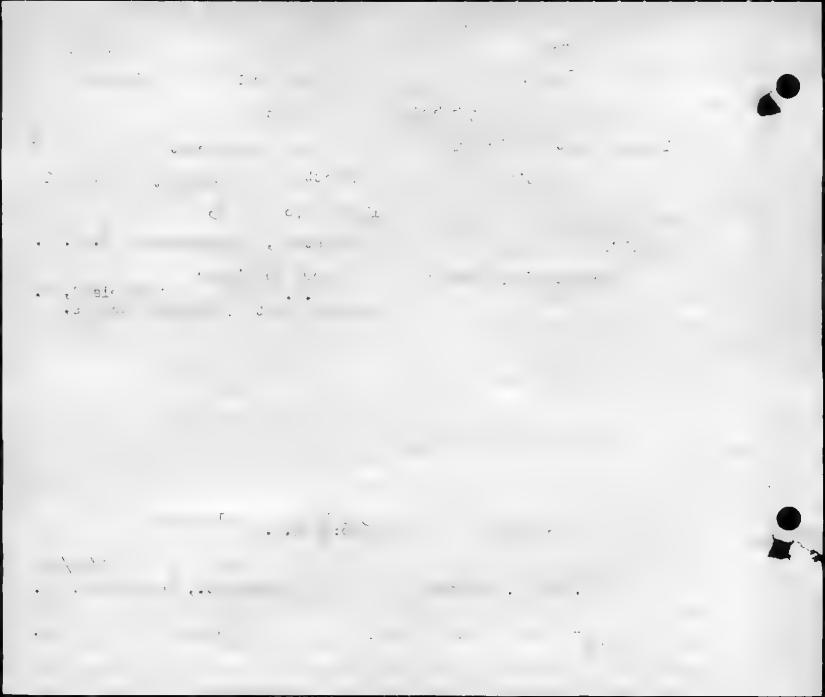
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physician

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VR A15 (4) 15M 7 61



Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH OR STATE 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY Maryland Allegany Allegany MARYLEND b. CITY OR TOWN (if outside corporate I m.ls. e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outs, de corporate limits, write RURAL end give nearest town) write RURAL and give nearest town Cumberland. Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if no) in hospital, give street eddress) e. IS RESIDENCE d STREET ADDRESS St. ON A FARM? Algonquin Hotel, Washington St., Algonquin Hotel, Washington the State B YES NO X 3. NAME OF Month DECEASED CHARLES HARR ISON FISHER (Type or print) DEATH Jan. 19 62 19. AGE (In years LIF UNDER 1 YEAR) IF UNDER 24 HRS. 2 with 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH last birthday) | Months | Deys Male 73 yrs. Nov. 18, 1888 WIDOWED TY DIVORCED [LO TE 10a. USUAL OCCUPATION (Give kind of work 1 12. C TIZEN OF WHAT COUNTRY? 1 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) s 1, 2 lage 1 and done during most of working life, even if relired) Bedford Co. Penna. ve Pages PM3. Pag pages 1 Retired Brakeman 13. FATHER 5 NAME 14 MOTHER'S MAIDEN NAME 18. Giv form F 1. File p Thomas E. Fisher Minerva Stuby 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 1 17. INFORMANT Address Pittsburg. [Yes, no, or unkown] | (If yesgive wer or detes of service) 705-09-4190 Mrs. Cora Ronald 1323 Tyndal perm AV C. BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b., and (c).) ing" in pencil in la rs Office along v s a burial-transit p removal, and in ONSET AND DEATH PART I DEATH WAS CAUSED BY CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (e) DUE TO CORONARY SCELROSIS Conditions, if env. which geve rise to immediate cause DUE TO Examiner's e used as a ation, or re (a), slating the underlying PART II. OTHER SIGNIF, CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? of the word should be the rial, creating YES VI NO T 205. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) 20a. EXTERNAL CAUSE WAS PRIMARY | or CONTRIBUTING | the Chief A The Chief A R: Page 3 slice to buria 20c. TIME OF INJURY Month, Dev. Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) fectory, street, office bldg., etc.) While Not While at work et work 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion 20 slease execute the critical should be forwarded to FUNERAL DIRECTO it is designated agent, p Undetermined manner Natural causes X Accident Surcide Homicide | death resulted from: CHIEF MEDICAL EXAMINER /1/62 ACTUAL ASSISTANT MED. CAL EXAMINER Md. DEPUTY MEDICAL EXAMINER Cumberland. Benedict Skitarelic M.D. Address (Street, city, town, or county) Rt_{ullet} NAME (Type) 22a, BURIAL, CREMATION, 22b DATE THEREOF 1 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or country) (State) REMOVAL (Specify) Q40 p Madley, Penna. Burial Madley Cemetery 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME Wayne George Cumberland. Md. Circhay S. Throng 5M 9/60



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Pould

TO HOSPITAL OR A HOLD THYSICEM: The law requires that the death mutificate be executed within 24th death. Page 4 the completely the hospital or attending physician.

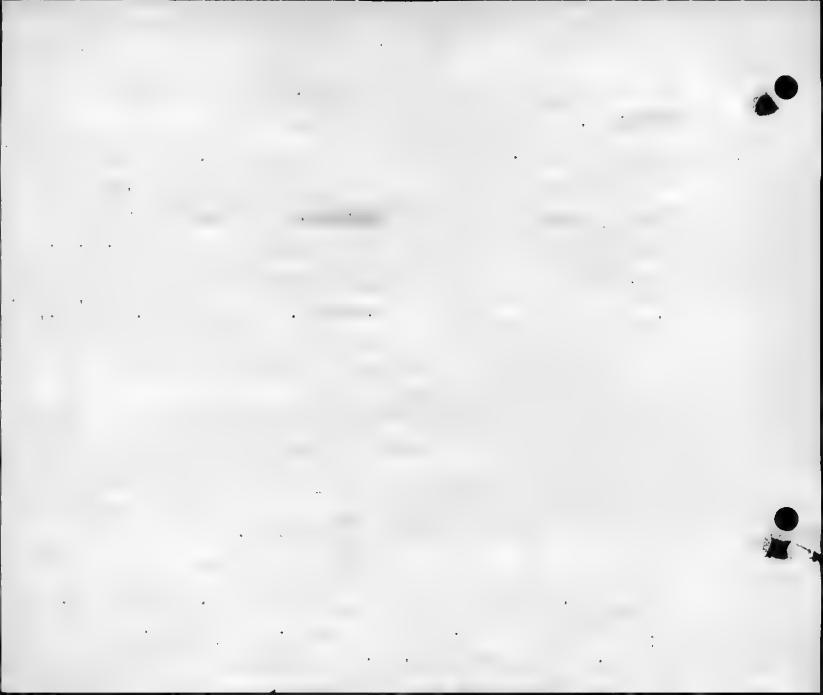
IO FUNERAL INTECTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after de-

VR A15 (4) 15M 7,61

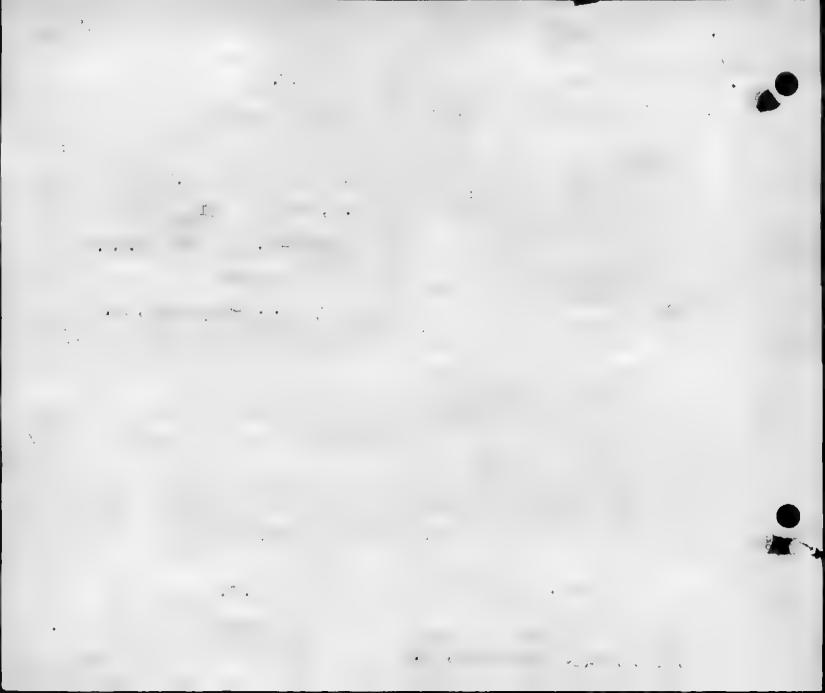
MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 01/03/2 00037 CERTIFICATE OF DEATH

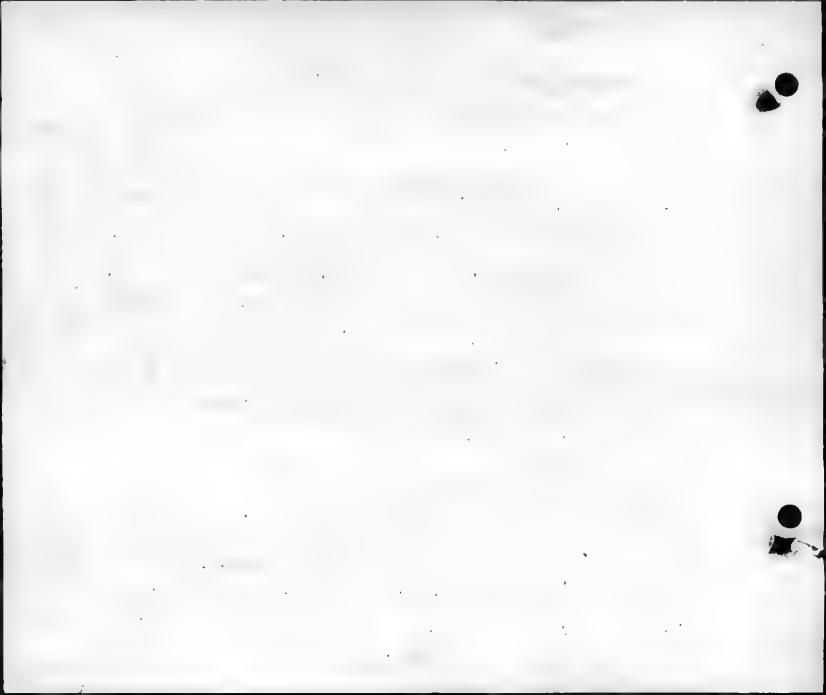
| L Ø | | | |
|-----|--|--|------------------------------------|
| | 1. PLACE OF DEATH o. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, if in e. STATE b. COUNT | , |
| | b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) | c. CITY OR TOWN (If outside corporate limits, write I | BEDFORD |
| | Cumberland 6DAYS d. NAME OF HOSPITAL OR INSTITUTION (H not in hospital, give street eddress) | BEDEORD d. STREET ADDRESS | 72 X 3 a. IS RESIDENCE ON A FARM? |
| | 3. NAME OF DECEASED HEART HOSP. Middle | 125 FAST PITT ST. Month | Dey Yeer NO 📉 |
| | 7. Makeled Litteren makeled L | FRANCHI DATE OF BIRTH 9. AGE (In years 1 last birthday) | FUNDER 1 YEAR IF UNDER 24 HRS. |
| | 100. USUAL OCCUPATION (Give kind of work 100. KIND OF BUSINESS OR INDUSTR | July 12, 1888 73 yrs. | 12. CITIZEN OF WHAT COUNTRY |
| 1 | Housewife 13. FATHER'S NAME Own home | 14. MOTHER'S MAIDEN NAME | U. S. A. |
| Ì | Alemando MECONI 15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Yes, no, or unknown] [Illyesgivewer or dates of service] No. 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] | Giovanna ? Address Lino J. Franchi 125½ | Bedford, Penns E. Pitt St. |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Conditions, if eny, which geve rise to immediate cause (e), steting the underlying cause last. Left ventricular: Myocardial fibros: Caronary arterios: (c) CARDIAC DISEASE | is clerosis | onset and death |
| | CATIO | (Enter nature of injury in Pert I or Pert II of Item 18.) | PERFORMED? YES NO NO |
| | 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA | CE OF INJURY (Home, ferm, 20f. (City or town) ory, street, office bldg., etc.) | (County) (State) |
| | 21. I certify that (I) (this hospital) attended the deceased fromsaw the deceased alive on | death occured 10: 15MP from the causes a | |
| | 220 SHONANIE 220 PHESICIAN'S NAME (Typo) | ATTENDING MED. STAFF PHYS. | 1/10/62 DATE |
| | DR. JACOBSON | | berland, Md. |
| | REMOVAL (Specify) Burial 1/12/62 SS. Peter & | Paul Cem. Tumberlan | d, Maryland |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS Charles L. George Cumberland, Md | 256. REC'D BY REGISTRAR 256. REGI | STRAR'S SIGNATURE |
| | | T PATE | - mild 4 F SAMPLE |



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) . COUNTY a. STATE b. COUNTY Allegany Md. Allehany MARYLAND c. CITY OR TOWN (If outside corporata I mils, write RURAL and give neerast town) b. CITY OR TOWN (if outside corporata limits. C. LENGTH OF STAY IN 16 Rural Westernport Yrs Rural Westernport d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES X NO 3. NAME OF Midd e Last DATE DECEASED OF May Lucy 19 62 (Type or print) Green DEATH Jan. 17 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5 SEX 6. COLOR OR RACE 7. MARRIED X NEVER MARRIED 8. DATE OF BIRTH lest birthdey) | Months | Days and Hours Female Je. WIDOWED [DIVORCED Mer. 20. 1890 106. KIND OF BUS NESS OR INDUSTRY 11. BIRTHPLACE (County & State, or foreign doublety) 10e. USUAL OCCUPATION (Give kind of work 1 12. CITIZEN OF WHAT COUNTRY? remov done during most of working life, even if retired) physici House wife Garrett_MD. U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME attending pl Dennis Grove and Matilda Clark 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address (Yes, no, or unkown), (If yes give war or dates of service) Frank Green-R.D. 1-Westernport. Md. the 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)., Chronic Myucot dufis and Myacoydist INTERVAL BETWEEN ģ I. DEATH WAS CAUSED BY: physici Not specified As Rhame IMMEDIATE CAUSE (a) signed burial-transit DUE TO Conditions, if any, which рееп (b) gava rise to immediate cause DUE TO (e), stating the underlying the his PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PERFORMED? as 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of neury in Pert I or Pert II of Item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. NJURY OCCURRED . 20e. PLACE OF INJURY (Home, ferm. 201. (City or town) (County) (51e1e) 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D.m. 21. I certify that (I) (this hospital) attended the deceased from... March 19..., 1957, toJon.../7.., 1962, that (I) (we) last ...1962..., and that death occurred at M, from the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. 5 GNATURE ATTENDING STAFF SIGNED DIRECTOR PHYS. PHYS. death. Page 4 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Paul R. Wilson Piedmont, W. Va. director, I be filed v 23d. LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 236 DATE THEREOF 1 23c. NAME OF CEMETERY OR CREMATORY (Stata) REMOVAL (Specify) Westernport 0 Philos 1 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS VR A15 (4) Outling & Thinks Westernport. Md. 15M 9/60~



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution, Residence before admission) e. COUNTY MERVIAND outside corporate limits, write RURAL and give at c. LENGTH OF STAY N 1b not in hospital, give street address. . IS RESIDENCE ON A FARM? YES NO Z J. NAME OF DECEASED OF (Type or print) DEATH and col (In years) IF UNDER 1 YEAR IF UNDER 24 HRS TEVER MARRED birthday) Months DIVORCED WIDOWED гетоме 12. CITIZEN OF WHAT COUNTRY? ā CAUSE OF DEATH IEnter only one DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gava rise to immediata cause **DUE TO** (a), stating the undarlying NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 1(a), 19. WAS AUTOPSY PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? NO Z CERTIFIC 208. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of tem 18.) OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY 20d, INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 2Df. (City or lown) (County) (State) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour a.m. at work et work and that death occured at Zi. A saw the deceased alive on from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING SIGNED HOSPITAL eath. Page 4 FUNERAL 1 rector, page 3 PHYS. DIRECTOR PHYS. 22d. ADDBES 22c. PHYSICIAN'S NAME (Type) 23a, BURIAL, CREMATION, 236. DATE THEREOF CEMETERY OR CREMATORY \$ 0 to 2 258 REC'D BY REGISTRAR | 256 REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60



FOR STATE HEALTH DEPT. TO DEPUTY W. I.C. "XAMINER: This certificate should be executed within 24 hours after death. If any delay please execute." Sertificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forwarded to the Chief Medical Examiner's Office along with form #M3. Bagin 5 may bin relimined for TE PUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with this State Bda or its designated agent, prior to burial, cremation, or removal, and in any eyent-within 72 hours after death.

VS. AISME 5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

CERTIFICATE OF DEATH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

| b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 127 Columbia Street 3. NAME OF Middle c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporate limits, write RURAL and corporate lim | o. IS RESIDENCE ON A FARM? YES NO XI Dey Your 22 19 62 I YEAR IF UNDER 24 HRS. Doys Hours Min. | | | | | | |
|--|--|--|--|--|--|--|--|
| b. CITY OR TOWN (if oulside corporate limits, write RURAL and give nearest town) Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 127 Columbia Street 3. NAME OF Middle c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outs de corporate limits, write RURAL and Corporate lim | e. IS RESIDENCE ON A FARM? YES NO XI Dey Year 22 19 62 1 YEAR IF UNDER 24 HRS. Doys Hours Min. | | | | | | |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) 127 Columbia Street 3. NAME OF Middle Lest 4. DATE Month | ON A FARM? YES NO X Per 22 19 62 1 YEAR IF UNDER 24 HRS. Deys Hours Min. | | | | | | |
| 3. NAME OF First Middle Lest 4. DATE Month | Pey Year 22 19 62 1 YEAR IF UNDER 24 HRS. Deys Hours Min. | | | | | | |
| | 22 19 62 1 YEAR IF UNDER 24 HRS. Deys Hours Min. | | | | | | |
| DECEASED | 1 YEAR IF UNDER 24 HRS. Deys Hours Min. | | | | | | |
| (Type or print) Nettie Hartsock 5. SEX On the second of RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In y ers If UNDER 1 lest birthday) Marging | | | | | | | |
| Female White WIDOWED DIVORCED November 28,1890 71 vm. | TIZEN OF WHAT COUNTRY | | | | | | |
| Housewife At Home Maryland 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME | U.S.A. | | | | | | |
| William Bucy (Deceased) Stacia Shaw (Deceased) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unknown) ((Iyas give war or detas of service)) | | | | | | | |
| No. No. No. No. No. No. No. No. | nbia Street, id. Haryland interval services onser and beath | | | | | | |
| PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) ACUTE MYOCARDIAL FAILURE | SUDDEN | | | | | | |
| Conditions, if any, which (b) CALCIFIC AORTIC STENOSIS gave rise to immediate cause DUE TO | OLD | | | | | | |
| (a), stating the undarlying cause lest. | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART | 1 112 19. WAS AUTOPSY PERFORMED? YES X NO | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. | The party of the p | | | | | | |
| 20c. TIME OF NJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (Could be shown) (Could be show | unty) (Slefe) | | | | | | |
| 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X. | and in my opinion | | | | | | |
| death resulted from: Natural causes A Accident . Su cide . Homicide . Undetermined manner . | | | | | | | |
| ACTUAL SIGNATURE Benedict Skitabelie M. ASSISTANT MEDICAL EXAMINER | DATE SIGNED | | | | | | |
| | 2, 1962 | | | | | | |
| NAME (Type) BENEDICT SKITARELIC, M. D. Address (Street, city, town or county) R9. Cumber 22e. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town or country) REMOVAL (Specify) | rland, Md. | | | | | | |
| 23. FUNERAL DIRECTOR ADDRESS 240. REGISTRAR 246. REGISTRAR'S S | | | | | | | |
| Ruth E. Silcox Cumberland Maryland DATE JAN 25 '62 | trans | | | | | | |



AARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF STATISTICAL RESEARCH AND** RESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) I. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY HILEOANY CORPORATE Innits, Allegan4 MARYLAND Maryland c. CITY OR TOWN (It outs'de corporate l.m.ls, write RURAL and give nagrast lown) c. LENGTH OF STAY IN 16 write RURAL and give nearest town) umberland umberland d, STREET ADDRESS . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address, ON A FARM? YES TO NO ID 14. DATE 3. NAME OF M'ddla i 120.1 DECEASED OF DEATH 1962 (Typa or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. last birthday) and Months remole WIDOWED DIVORCED sician IDA. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? remove 106. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad! 1. Lemberland HouseKeeper 13. FATHER'S NAME ding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMAN (Yas, no, or unkown) | (Ifyasgivewarordetasofsarv.ca) 515 Richl AND, Cumb. Ind INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause par line for (a) /1b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave risa to immadiata causa DUE TO (a), stating the underlying PART II. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO 1 208, ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I of Part I of Itam 18.) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Homa, farm, 2Df. (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, streat, office bldg., atc.) Whila Not While Hour a.m. at work at work 21. I certify that (I) (this hospital) attended the deceased from... saw the deceased alive on 22b. DATE 22a. SIGNATURE SIGNED STAFF ATTENDING PHYS. DIRECTOR PHYS. FUNERAL 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) death. 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF (State) REMOVAL (Spec fy) O F S Traul Cemelery 24 EUNERAL DIRECTOR'S SIGNATURE 25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)~ v tredenckSt. Cumberland DATE JAN 22 15M 9/



Orthur & Krous

DATE JAN 2 6 '62

VS. ATSME(5) 5M 9/55



| | MARYLAND STATE DEPARTMENT OF HEALTH | |
|-----------|---|---|
| | OCCUPATION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMOR CERTIFICATE OF DEATH | 16 1, MARYLAND |
| | 1. PLACE OF DEATH a. COUNTY b. COUNTY | lution: Residence before admission |
| 11 | ALLEGANY MARYLAND 6. STATE MARYLAND 6. COUNTY | ALLEGANY |
| | b. CITY OR TOWN (If outs de corporate limits, write RU write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RU | RAL and give nearast fown) |
| | CUMBERLAND I DAY X MOUNT SAVAGE | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d STREET ADDRESS | e. IS RESIDENCE ON A FARM? |
| | MEMORIAL & WARWICK AVENUES ROUTE #1, | , YES NO |
| | NAME OF First Middle Last 4, DATE Month OF | Day Year |
| | (Type or print) BABY BOY HOLBROOK DEATH JANUARY | 14, 19 62. |
| | 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 9 AGE (In years 11 Lest birthday) | |
| | MALE WHITE WIDOWED DIVORCED JANUARY 13. 1962 415 | onths Deys Hours Min. |
| - | 10a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 1: BiRTHPLACE (County & State, or foreign country) | 12. CHIZEN OF WHAT COUNTRY |
| | CUMBERLAND, MD. | U. S. A. |
| 1 | 13. FATHER'S NAME | |
| | Tohn Allen Kendell FRANCES KAY HOLBROOK | |
| | 15. WAS DECLASED EVER IN US. ARMED ORCES? To. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyesgivewerordalesofservice) | |
| | MEMORIAL HOSPITAL - CUMBERLAI | ND, MD. |
| | 18. CRUSE OF DEATH Enter only one cause portine for (e), (b) and (c) | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (B) | 100% |
| | DUE TO | - (1 |
| | Conditions, if any, which (b) | |
| | gove rise to immediate cause [a], stating the underlying DUE TO | |
| | cause last. (c) | |
| - | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN | IN PART 1(e) 19. WAS AUTOPS1 PERFORMED? |
| į | 5 | YES NO |
| The Party | 206. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of in ury in Part I or Part II of Ham 18) OR CONTRIBUTING [] CAUSE OF DEATH | |
| - | G (IF EITHER, NOTIFY MEDICAL EXAMINER) | |
| 9 | 20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Hour a.m. While Not While factory, street, office bldgs, etc.) | (County) (State) |
| 200 | 20c. T.ME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) factory, street, office bldg., etc.) While Not While et work et work | |
| | 21. I certify that (I) (this hospital) attended the deceased from. | , 196 that (I) (we) la |
| | saw the deceased alive on | on the date stated above |
| | 226. SIGNATURE 1 100 | 22b. DATE SIGNE |
| | M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS | 21/3/45 |
| | 22c PHYSICIAN'S NAME (Type) 22d, ADDRESS | 22 8 |
| | - Cumbulout, | 1100 |
| | 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town of REMOVAL (Specify) | |
| | Burial 1/16/62 Palo Alto Cemetery Hyndman, Pa. P | |
| 2 | 24 Necal Director's Signature Address Hyndman, Pa. 25b. Rec'd by Registrar 25b. Regist AN 1 2 62 | RAR'S SIGNATURE |
| | Hyndman, Fa. DATE JAN 1 9 '62 Outh | of & House |
| | | |



physician

attending p

the





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death. Page 4

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MARYLAND STATE DEPARTMENT OF HEALTH





MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS - BALTIMORE 1, MARYLAND 00047 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY o. STATE **b.** COUNTY MARYLAND Allegany

b City OR TOWN (If ouls de corporate imits, write Marvl and Allegany c LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) rostburg Frostburg d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO TH Miners Hospita #2. Box NAME OF Middle Month Day Year DECEASED OF DEATH (Type or print) DONALD JAMISON 19 62 S SEX 6 COLOR OR RACE 7 MARRIED X NEVER MARRIED 8 DATE OF BIRTH 9 AGE (In years last birthday) F UNDER 1 YEAR IF UNDER 24 HRS Months Days WIDOWED [DIVORCED [M 48 yrs 100 USJAL OCCUPATION (Give kind of work done during most of working life, eyen if retired) , 12 CITIZEN OF WHAT COUNTRY? dConstruction Unemployed Deal. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Susan Knepp William Jamison 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANI Frostburg, Md. (mother) W.W.No.2 Yes Jones Rt. #2. Box 110(Zinlmar Mrs. George CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which gove rise to immediate DUF TO cause (a), stating the underlying cause lost. PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? YES NO. 20a ACCIDENT WAS UNDERLYING
OR CONTRIBUTING
CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port | or Port | or Port | of item 18) (IF EITHER, NOTIFY MEDICAL EXAMINER DICAL TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Hour o. m. While Not while p. m. ot wark ot wark 21 | certify that (!) (this-haspital) attended the deceased from... tre 29 19 62 1hat (1) (440) last dw. 19 62 and that death occurred at sow the deceased alive an 2 M, from the causes and an the date stated obove 22a, SIGNATURE 22b.DATE SIGNED ALD. DIRECTOR [] 22c. PHYSICIAN'S 22d, ADDRESS NAME (Type) 23a BUR AL, CREMATION, 236. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City, town, or county) REMOVAL (Specify) Buria.

Main. Frostburg. Md DATE

250 REC'D BY REGISTRAR

fer

24 oges death efely popers. 0 000 ģ physicit ottending please Ē gned per burial-transit een SD FUNERAL DIREC should be page 0 VR A15 (4 15M 9/59





17/22/57

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF 2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before admission) 1. PLACE OF DEATH a. COUNTY a. STATE **b.** COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporale limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside cosporate I m Is, write RURAL and give neerest town) write RURAL and give nearest lown) Between Res. & Cumb. Cresaptown. . IS RESIDENCE d. NAME OF HOSP, TAL OR INSTITUT ON (if not in hospital, give street address) d STREET ADDRESS Boar ON A FARM? retained he State B YES NO X at Main St., Cumberland. Hosp. Enroute to 3. NAME OF Middla 4. DATE Month DECEASED OF within 24 more 18. Give Pages 1, 2, and a form PM3. Page 5 may be remain. File pages 1 and 2 with the with File pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the pages 1 and 2 mith the safer of the safer of the pages 1 and 2 mith the safer of the 19 62 the KNICK DEATH Jan. MATTIE (Type or print) BELLE 6 COLOR OR RACE TO MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years [IF UNDER 1 YEAR' IF JNDER 24 HRS. last birthday) Months; Days Hours 70 Female WIDOWED Y DIVORCED 23, Jan. 10a, USUAL OCCUPATION (Give kind of work | 10b, KIND OF BUSINESS OR INDUSTRY | 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U. S. A. Photo, Lab. Employee Social Security Lexington. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Unknown) (Unknown 15. WAS DECEASED EYER IN J.S. ARMED FORCES? | 16. SOCIAL SECURITY NO | 17 INFORMANT Address Cresaptown, permit. (Yes, no, or unknown) | (Ifyesg:vewerordetesofservice) Main St. 216-14-1383fr. Elbert Knick 5th Ave... 18. CAUSE OF DEATH [Enter only one couse per line for (e), (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH l-transit | .5 PART I. DEATH WAS CAUSED BY: SUDDEN CORONARY OCCLUSION IMMEDIATE CAUSE (a) Office a DUE TO Medical Examiner's Office should be used as a burial-CORONARY SCLEROSIS WITH THROMBOSIS Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the undarlying usad ion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? YES K NO 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Pert I or Part II of item 18) should isl, cre PRIMARY | or CONTRIBUTING | CAUSE OF DEATH. vriting 1 Chief / age 3 s 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, Ierm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Dev. Yser factory, street, office bldg., atc.) While Not While Hour a.m. at work at work 中心 te the Trificate, forwarded to the DIRECTOR: 21. I certify that I took charge of the remains described above, held an Autopsy X. Inspection X. Inquiry X and in my opinion Natural causes X Accident Suic de I Homicide 1 Undetermined manner death resulted from 1/29/62 CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER be for should be for the RALL Rt. DEPUTY MEDICAL EXAMINER X DEPUTY Benedict Skitarelic M.D. NAME (Type) Cumberland. Address (Street, c.ty. town, or county) 224. BURIAL CREMATION | 226 DATE THEREOF 1 22c NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 240 9 Sunset Memorial Park Md. Cumberland. Rurial ADDRESS 24e. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR . Inthus " VS. A15ME Cumberland. Md. Charles George

MARYLAND STATE DEPARTMENT OF HEALTH





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Page 0 Гепоуе эпу please ding and F. Тівп level ing plysician. permit. las been signed he burial-transit p ä certificate llas b or use as the buri prior to burial, c hospital prior page with t ERAL Page filed v 0 5 3 VR AIS (4)

HOSPITAL

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased kvod, ff institution; Residence before admission) 1. PLACE OF DEATH . COJNTY b. COUNTY A a. STATE ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (II) outside corporeta limits, write RURAL end give nacrest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS RT#L SACRED HEART HOSPITAL 3. NAME OF Middle 4 DATE Month DECEASED OF (Type or pool) Fdna Kooken DEATH JAN 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yours | IF UNDER I YEAR 5. SEX B. DATE OF BIRTH last birthday) Months Female White 70 WIDOWED | DIVORCED 10a. JSUAL OCCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) done during most of working lite, even if retired)
Housewife W.VA. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Ours 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yas, no, or unkown) | (If yes give war or detex of service) Ptos Chart 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), and (e) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions. if eny, which gave rise to immediate cause DUE TO (a), stating the underlying ASE CONDITION GIVEN IN PART 1(+) 19. WAS AUTOPSY PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOL CERTIFICA 20e. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. [Enter nature of nitry in Part I or Pert I, of Item 18.) OR CONTRIBUTING CAUSE OF DEATH AFDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED I 20e. PLACE OF INJURY (Home, farm, 201. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work at work 196.3 to....., 19...., that (I) (we) lest1962, and that death occured at March from the causes and on the date stated above, saw the decleased elive on... ATTENDING MED STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS NAME (Type) RART. PAUL 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) REMOVAL (Specify) 24 FUNERAL DIRECTOR'S SIGNATURE 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 15M 7/61 DATE

MARYLAND STATE DEPARTMENT OF HEALTH

LINERA

Davs

[County]

U.S.

e, IS RESIDENCE

YES NO

19 62

Min.

IF UNDER 24 HRS.

Hours

INTÉRVAL BETWEEN ONSET AND DEATH

> PERFORMED? NO DE

> > (State)

22b. DATE

[State]

SIGNED

12, CITIZEN OF WHAT COUNTRY?

Year

ON A FARM?



AARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY . STATE MARYLAND **b.** COUNTY **ALLEGANY** MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest lown)
CUMBERLAND DAYS BARTON d. NAME OF HOSPINEL MINISTER THOSE (IN A FRANCISCO), ON THE BE ADDRESS. d. STREET ADDRESS MEMORIAL HOSPITAL 3. NAME OF First M ddle 4. DATE Month DECEASED OF (Type or print) DEATH FREDERICK **JANUARY** 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In Yeers | IF UNDER 1 YEAR last birthday) Months MALE 56 WIDOWED | DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) , 12. C.TIZEN OF WHAT COUNTRY? dong during most of working life, even if retired) U. S. A. BARTON. MD. TATHER S NAME please 14. MOTHER'S MAIDEN NAME FRANK KYLE ANNA M. LEE 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17. INFORMANT Address ioval, (Yes, no, or unkown) | (If yes give war or dates of service) CUMBERLAND, MEMORIAL HOSPITAL -18. CAUSE OF DEATH | Enter only one cause per I ne for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: Hepatic coma IMMEDIATE CAUSE (e) DUE TO Hematemasis Conditions, if eny, which (P) gave rise to immediate cause **DUE TO** (e), stating the underlying Esophageal varices; gastritis; chronic pancreatitis PART II, OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(6)1 19. WAS AUTOPSY CERTIFICATION 20a ACCIDENT WAS UNDERLYING [1 2Db. DESCRIBE HOW INJURY OCCURED, [Enter nature of injury in Pert I or Pert II of Jam 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f, (City or town) Month, Day, Year (County) factory, street, office bldg., etc.) Not While While MEDI Hour e.m. at work al work b.m. 21. I certify that (I) (this hospital) attended the deceased from... 19..... 18/62 saw the deceased

death. Page 4
O FUNERAL I
director, page 3
be filed with the Q.

VR A15 (4)

22a. S.GNATURE

22c, PHYSICIAN S

REMOVAL (Specify)

NAME (Type)

23a. BURIAL, CREMATION, 23by

24 FUNERAL DIRECTOR'S SIGNATURE

Pages

carbon

remove

and

physician

ilan.

fending physicials by

has

certificate

death attending

23c. NAME OF CEMETERY OR CREMATORY

JACOBSON

ADDRESS

ATTENDING

22d. ADDRESS

PHYS.

M.D.

25a REC'D BY REGISTRAR

PHY5.

Pershing Street

DGBEENEXSIXX, CUMBERLAND. ND.

23d. LOCATION (City, town or county)

MED.

DIRECTOR

e. IS RESIDENCE ON A FARM? YES NO -

Year

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

7 days

....., that (I) (we) last

ERFORMED?

(State)

22b DATE

(State

SIGNED

IF UNDER 24 HRS.

1 Min-

Day

1962



John J. Hafer. Cumberland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE ON A FARM? YES NO

Year

Hours

NTERVAL BETWEEN ONSET AND DEATH

15-20 Minutes

15-20 Minutes

WAS AUTOPSY PERFORMED? YES A

DATE SIGNED

(Stote)

" my our I track

NO F

(Stole)

19 62

21

U. S. A.

VS. A15ME(5) 5M 9/55



00053 **CERTIFICATE OF DEATH**

00053

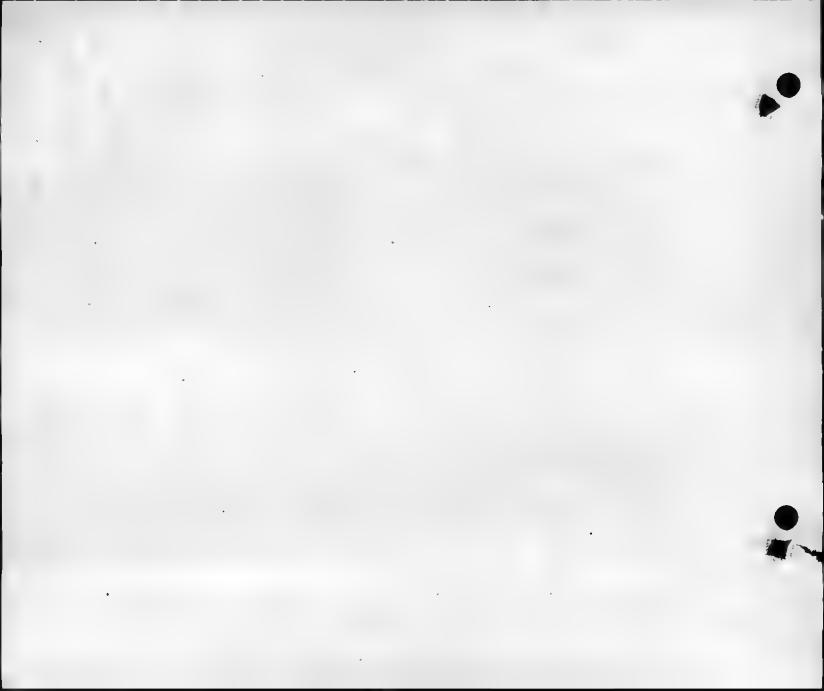
| 1, PLACE OF DEATH o COUNTY | الم | lle ", | ing m | ARYLAND | 2 USUAL RESI o STATE | DENCE (WI | l and | lived If institute 6 COUNTY | on Residence | before o | dm ssian) |
|--|---|------------|-----------------|-----------|--|--------------|---------------|---------------------------------|--------------|----------|--------------|
| | b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) | | | TAY IN 16 | c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) | | | | town] | | |
| | Cumberlar | | 17 day | 5 | 32 | Cumbe | erland | | | | |
| d NAME OF HOSPI OR INSTITUTION | TAL (If not in hospital, g | | | | d STREET A | ADDRESS | | | | e. 19 | RESIDENCE |
| | Sylven | Retr | cat | | | 10 Ar | oh Str | ent | | | S 🗌 NO 🔯 |
| 3. NAME OF DECEASED | Fin | ıl | | ddle | Los | ił . | 4. DATE | Mon | th | Day | Year |
| (Type or print) | John | | Nix | | Linn | | DEATH | Jan | Rollin | 22 | 19 02 |
| S SEX | 6. COLOR OR RACE | | | | B. DATE OF BIRT | | [| 9. AGE (In years fost birthday) | | | JNDER 24 HRS |
| ı.âle | | WIDOWI | | RCED 🔲 | 12/22/ | | | 73 yrs. | Woulder F | Adys No | Min Min |
| deling most of wor | ON (Give kind of work di king life, even if retired) | | | | | | | | | EN OF W | HAT COUNTRY |
| | ist Retire | d C | elanose (| lorp. | | | | _Keyser | | . ಕನ್ಮಾಡ | |
| 13. FATHER'S NAME | () 4.7 ~ . | | | | 14 MOTHER'S | | | | | | |
| | David Lin | | | | - | arah | llixon | | | | |
| (Yes, no, or unknown) | ER IN U. S. ARMED FORG (If yes, give war or dates of se | KANCO) | SOCIAL SECURITY | | INFORMANT | 1 T | 4 | Add | | -3 | |
| No | | | L4-07-25 | | Mrs. Jo | hn L | ınn, | Cumper. | land, | Q | |
| | 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY. ONSET AND DE | | | | | | | L BETWEEN | | | |
| PART I. DEA | ATH WAS CAUSED BY: IMMEDIATE CAUSE (0) | Ch. A | ruce f | 710 | the to 18 he | CR12 | el int | | | | |
| 1/20 | DUE TO | 211. | | -Jan | p | .e | | | | | |
| Conditions, if a | | place | 15-8.00 1.1 | chis, | Cofche | toa. | 14.11 | 162 | | | |
| couse (a), stating | gove the to immediate couse (a), stating the under. | | | | | | | | | | |
| | PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 100 19 WAS AUTOPSY | | | | | | | | | | |
| SA I | | | | | | | | | EN IN PART | PE | REORMED? |
| 5 | AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER) | 20b. DE\$(| CRIBE HOW INJUR | Y OCCURRE | D (Enler noture o | Finjury in F | Part Lar Part | II of item 18) | | | |
| | RY Month, Day, Yeo | | NJURY OCCURRED | 20e. PL | ACE OF INJURY (| Home, form | 20f. (City | or town) | (Co | unty) | (Stole) |
| D | Hour o. m. While Not while foctory, street, office bldg., etc.) p. m. 19 of work of work | | | | | | | | | | |
| 21. I certify that I attended the deceased fram 62.5, 1932, ta 6311. 22, 1932, that I last saw the decease | | | | | | | | | | | |
| alive an care 22 , 1902 , and that death accurred at 2:101 M, fram the causes and an the date stated above | | | | | | | | | | | |
| ADDRESS (Street, city or lown, slote) DATE SIGNE | | | | | | | | | | | |
| ACTUAL SIGNATURE | 12/3 4 1 1 1 1 P | Lei | 13 .07 | _ | M.D | | | | | 12 | 3-62 |
| PHYSICIAN'S NAME (Type) | L. F. M | ther | 'S, | | | roens | : 50., | Cual o 1. | nd., | d. | |
| 220 BURIAL, CREMATIC REMOVAL (Specify) | ON, 226. DATE THEREO | | 22¢ NAME OF C | EMFTERY O | R CREMATORY | | | ON (City town, o | | | Stote) |
| Burlal | Jan.25,. | 1962 | | Ceme | etery | | Slan | esville | 1.1 | Téis | |
| 23. FUNERAL DIRECTOR | | | ADDRESS | , | | | | AR 24b. REGIS | | | |
| James F. | Scarcell | i. (| lumberla | ind . | lid . | DATE IAD | 0 0 100 | | · 2 9 4 | Tenied | |

This certificate has been signed by the ottending physician and completely filled in by the for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 sha cremation, or removal, and in any event within 72 hours after death.

PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECTOR

VS A15 (4) 1SM 10/57

the registrar prior to burial,



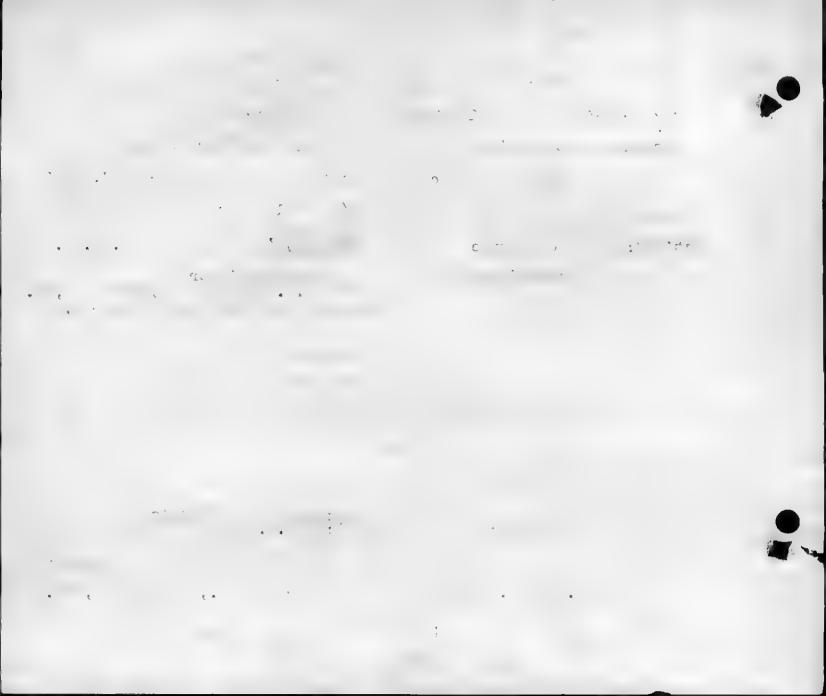
| MARYLAND STATE DEPARTMENT OF HEALTH | |
|--|---------|
| DIVISION OPSTATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, A | MARYLAN |
| CERTIFICATE OF DEATH | 0.0 |
| | |

| DIVISION OF STATISTICAL RESE | ARCH AND RECORDS, CERTIFICATE | 301 W. PRESTON STR OF DEATH | EET, BALTIMORE 1, | MARYLAND 11(1)54 |
|--|--|--|---|---|
| b. CITY OR TOWN (if outs de carparate l'mits, write RURAL and give nearest town) Cumberland | MARYLAND c. LENGTH OF STAY IN 16 2/1/1958 | a. STATE Mary lan c. CITY OR TOWN (If outside of | d b COUNTY A | llegany d give neeres! town! |
| Allegany County Infire Allegany County Infire 3. Name of Deceased (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIE Female White WIDOWE to done during most of working I fe, even I retrad) Rétired: Practical Nur 13. FATHER'S NAME | Mary Middle Grace D NEVER MARRIED D NOVORCED D NOVORCED IND OF BUSINESS OR INDUSTRY | 309 Dec Lest 309 Dec Lest OF OF OF OF OF OF OF OF OF O | 9. AGE (In years IF UNDER last birthday) 70 yrs. or fore gn country) 12. Ctt | ON A FARM? YES NO A FARM? |
| | Enclosers de la sa santification de la santifi | egecessitis | Infirmary re Secrete Luiz Laccipación | Derland, Mde Ocords. Interval Between Onset and Death Onset and Death |
| OR CONTRIBUTING CAUSE OF DEATH | Not While fectory, while st work ded the deceased from 2 | OF INJURY (Home, ferm, street, office bidg., etc.) 1/1958 19 ath occurred at | (Co | (Stere) |
| 230. BURIAL CREMATION, 23b. DATE THEREOF REMOVAL (Specify) BURIAL JAN. 30, 1962 24 FUNERAL DIRECTOR'S SIGNATURE | Mathews 23: NAME OF CEMETERY OR UNION CEMETERY ADDRESS EERLAND, MD. | CREMATORY 23d. LO | St., Cumber: CCATION (City, town or count MEYERSDALE, RA BISTRAR 25b. REGISTRAR'S 762 | (Slete) |

O HOSPITAL OR A NDING PHYSICIAN: The law requires that the death certificate be executed within 24 death. Page 4 that it inded by the hospital or attending physician.

O PUNELAR LACTOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages referred with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

funeral



VR A1S (4) 15M 7/61

MARYLAND STATE BURKETARING OF BEALTH

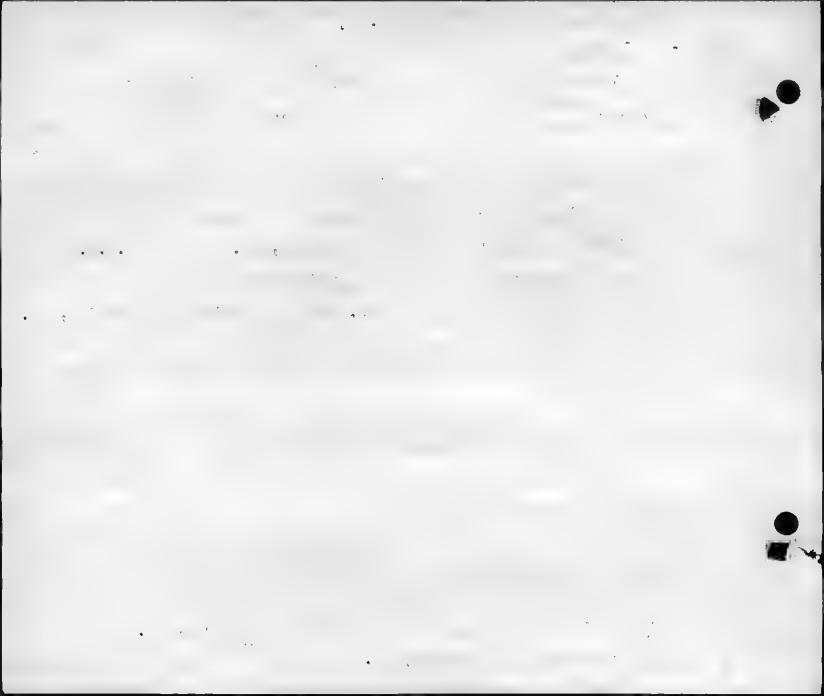
| , | DARLESHIE STREET | CARL THURSDAY AND STREET | 11.3.24 |
|--------------------------------|-----------------------|--------------------------|--------------------------|
| DIVISION OF STATISTICAL | RESEARCH AND RECORDS, | 301 W. PRESTON STREE | T, BALTIMORE 1, MARYLAND |
| 00055 | CERTIFICATE | OF DEATH | 00055 |
| | | | |

| | 1, PLACE OF DEATH | | | 2. USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) | | | | |
|----|---|--|-----------------------------|---|-------------------------------------|-------------------------------|--|--|
| | a, COUNTY | Allegany | MARYLAND | o. STATE Mar | yland b. COUNT | Allegany | | |
| | b. CITY OR TOWN (IF | give nearest fown) | c. LENGTH OF STAY IN 16 | c, CITY OR TOWN | (If outside corporate I mits, write | RURAL and give naarost fown | | |
| ı | (Allegany | 1 - 1 - 1 | 10/26/1960 | Cum | berland | | | |
| | (E RAMP FACE ACK | AL OR INSTITUTION (If not in hos | pitat, giva straat address) | d STREET ADDRESS | 5 | IS RESIDENCE ON A FARM? | | |
| | Allegany | County Infirm | ary | 533 | Cumberland S | | | |
| | NAME OF DECEASED | First | Middle | Last | 4. DATE Month | Day Year | | |
| Ш | (Type or print) | Irene | Marie | Martin | DEATH Januar | ry 1, 1962 | | |
| | 5. SEX | 6. COLOR OR RACE 7. MARRIE | D NEVER MARRIED K 8 | DATE OF BIRTH | 9. AGE (In yeerslest birthday) | | | |
| | Fema le | White WIDOWE | D DIVORCED] | 2/24/1893 | 1 69 угз. | Months Days Hours Min. | | |
| | IOn. USUAL OCCUPATION done during most of world | ON (Give kind of work 10b. Ki | IND OF BUSINESS OR INDUSTR | Y 11. BIRTHPLACE (Cou | inty & Stata, or foreign country) | 12. CITIZEN OF WHAT COUNTRY? | | |
| L | Housekee | | | Cumberla: | nd, Maryland | U. S. A. | | |
| | Marc | ellus Martin | | Elizabe | th A. Kelley | | | |
| | 15. WAS DECEASED EVE | R IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 17. I | | | Cumberland, Md. | | |
| | 2) O | yasgıve werordalasofservica) | A3 | llegany Co | unty Infirma: | ry records. | | |
| 1 | M. CAUSE OF DE | EATH [Enter only one cause par li | ina for (a), (b), end (c).] | | | INTERVAL BETWEEN | | |
| | | MM IATE CAUSE (6) | chair abab | Lex 4-, Rt. | Meseri parges | | | |
| | DUE TO | | | | | | | |
| | | Conditions, fary, with 7: (b) Corrected Voresteller & Execut I Has Divite at sale of | | | | | | |
| | gava rise to immedia (e), sletting tha un- | DELETO . | | 1 10 | , 11: | | | |
| | causa last. | (c) wel | 2450-26 45-40 | con a leave o | real telexist. | 224 | | |
| | 2 | SIGNIFICANT CONDITIONS CON | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERM | inal disease condition give | PERFORMED? | | |
| | 20% ACCIDENT WA | CAUSE OF DEATH | CR BE HOW INJURY OCCURED | . (Entar natura of 'njury in | Part I or Part II of Item 18.) | | | |
| 1 | 20c. TIME OF INJUR | Y Month, Day, Year 20d. I While 19 at worl | Not Whila fact | CE OF INJURY (Homa, far ory, street, office bldg., et | rm, 20f. (City or town) | (County) (State) | | |
| | | at (I) (this hospital) attend | ded the deceased from | 10/26/60 | 19, to 1/1/62 | , 19, that (I) (we) last | | |
| | saw the decease | ed alive on 1-1-6 | 2 19 and that | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | and on the date stated above; | | |
| | 228. SIGNATURE | 1 | | ATTENDING | | 22b DATE | | |
| | /\ | 19 all Lees. | 25 /1 M | active 1973 | DIRECTOR PHYS. | 1/2/61 ^{SIGNED} | | |
| | 22c. PHYSICIAN'S NAME (Type) | Dr. Lee B. M | athews | 22d. ADDRESS G | reene St., C | umberland, Md. | | |
| 1 | BURIAL, CREMATIC | DN, 236 DATE THEREOF | 23c, NAME OF CEMETERY | OR CREMATORY | 23d. LOCATION (City, low | n or county) (State) | | |
| | Decioval (Spacific) | 1/3/62 | Al. Petro | - Paul (en | 1 Cumbur | land Md | | |
| 12 | FUNERAL DIRECTOR | S SIGNATURE | ADDRESS | 25a RE | EC'D BY REGISTRAR 256 REG | ISTRAR'S SIGNATURE | | |
| | - Cours | Mun on | c Cumber. 1. | M DATE | JAN 5 '621 | Dathun S. Frank | | |

..306.

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) a. COUNTY MarWland COUNTY Allegany legany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate I mits, write RURAL and give negrest town) write RURAL and pive nearest town! Moscow Moscow d. NAME OF HOSPITAL OR INSTITUTION (it not an hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 3. NAME OF Middle 4. DATE Dey Year Month DECEASED OF (Type or print) DEATH 19 JOHN 1/27/1962 AGE (.n. years 'IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) | Months and WIDOWEDS DIVORCED Male physician 10a. USUAL OCCUPATION (Glya kind of work Femove 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Retired Coal Miner Barton N. 14. MOTHER'S MAIDEN NAME MD. U.S.A. 13. FATHER'S NAME please .5 aftending | pue McCutcheen Fannie Jacobs 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or deles of service) James McPartland, Lonaconing, 6 18. CAUSE OF DEATH Enter only one cause per lina for (a), (b), and (c).] ONSET AND DEATH IMMEDIATE CAUSE (a) 0 W/LS DUE TO wascular Disesse Conditions, if any, which geve rise to immediate cause DUE TO (a), stating the underlying cause lest. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(5) 19 WAS AUTOPSY CERTIFICATION PERFORMED? 200. ACC DENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED (Enter nature of injury in Part I or Part I of Item 18) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Month, Day, Yeer factory, street, office bldg., etc.) While Not While Hour a.m. at work al work 2) I certify that (I) (this hospital) attended the deceased from 19., 19., 19., to. 1962 and that death occured at ... G.M., from the causes and on the date stated above; saw the deceased alive on 22b. DATE 226 S.GNATURE ATTENDING. MED. STAFF SIGNED TO FUNERAL director, page PHYS. DIRECTOR PHYS. 7.62 M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) LONACONING 23d. LOCATION (City, town or county) 23. BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Spec.fy) Cemetery Burial Laurel 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE H ADDRESS 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) PATE JAN 3 0 '62 City & Kraus 15M 7 61 GEORGE EICHHORN LONACONING. MD.

YLAND STATE DEPARTMENT OF HEALTH



and

physician

attending p

HOSPITAL eath. Page 4 FUNERAL

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

| | Division of | SIMILATE RESEMBLE MADE | LICOLOS - DVI |
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| X | | PLACE OF DEATH | | 111 | アコエ郎 はりしう | 1/12 | USUAL RESID | ENCE (Who | ere deceased | Flived If ins | histon | Resident | ce befor | e admis | ilan) |
| П | | I 100 | LEGANY | | MARYL | AND | o. SIAIC | MARY | LAND | b. COU | NIY | ALL | EGA | NY | |
| / | Ł | CITY OR TOWN (I RURAL and give no | f autside carporate timit iarest fawn) | s, write | E LENGTH OF STAY | N lb | c. CITY OR TO | OWN (If o | utside corpo | nate limits, wi | ile RUR | Al and g | give nec | rest taw | n) |
| | | CUMBER | | | 27 YEARS | | CUM | BERLA | ND | | | | | | |
| | (| d. NAME OF HOSP TO OR INSTITUTION | AL (IF nat in haspital, g | ive street o | oddress) | | d. STREET AD | DDRESS | | | | | | e IS RES | FARM? |
| | | | ASHLAND AT | Æ. | | | 810 AS | SHLAN | D AVE. | | | | | | NO V |
| | | NAME OF DECEASED | Firs | it | Mrddle | | Last | | 4. DATE OF | | Month | | Do | у | Year |
| | | (Type ar print) | OLA | | McKINN | EY | | | DEATH | 72. | UR" | Ey . | 2 | | 19 " |
| | 5 5 | iex | 6. COLOR OR RACE | 7. MARR | IED 💢 NEVER MARRIEI | B. D | ATE OF BIRTH | | | 9. AGE (In y | | | | | ER 24 HR |
| | 1 | FEMALE | WHITE | WIDOWE | DIVORCED | 00 | T.9,18 | 88 | | 73 | yes / | Months | Days | Hours | Min |
| | 100. | . USUAL OCCUPATIO | N (Give kind of work ding life, even if retired) | lane 10b. | KIND OF BUSINESS OR | | | | or foreign co | ountry) | | 12 CITI | ZEN OF | WHAT | OUNTRY |
| | | HOUSEWIF | | | OWN HOME | | P | ENNA. | | | | T | SA | | |
| | 13. | FATHER'S NAME | | | - HP: | 1 | 4. MOTHER'S | MAIDEN N | IAME | | | | | | |
| | | HENRY | SOLOMAN | | | | Si | USAN | KING | | | | | | |
| | | | R IN U. S. ARMED FOR | | SOCIAL SECURITY NO. | 17, INFO | RMANT | | | | Address | 3 | | | |
| | 1100 | NO | in has diam and or more or re | A VICEI | NONE | WAI | TER A. | McKI | NNEY | CTIMI | BERL | AND. | MD | | |
| | | 18 CAUSE OF DEA | TH [Enter only are car | use per lin | ne far (a), (b), and (c)] | | | | | | - | | T PERSONS | RVAL BE | TWEEN |
| | | | TH WAS CAUSED BY: | _ | onchogeni | .c Ca | rcinon | na. | | | | | ON | 2 1 | DEPTH |
| | | | DUE TO | | | | | | | | | | | | |
| | | Canditians, if o | av which \ | | | | | | | | | | | | |
| ۸ | | gave rise to it | mmediale (| | | - | | | | | | | | | |
| 겍 | | couse (o), stoting lying couse lost. | the under- | | | | | | | | | | | | |
| | z | | | | CONTRIBUTING TO DEA | TH BUT NO | T RELATED TO | THETERMII | NAL DISEAS | E CONDIT OF | I GIVEN | IN PAR | T 1(o) 1 | 9 WAS | AUTOPSY |
| | CATIO | | | _ | | _ | | | | | | | | | DRMED? |
| | u. | 200. ACCIDENT WA | S UNDERLYING | 20b DESC | TRIBE HOW INJURY OF | CURRED. (6 | nter nature af | injury in P | art I or Par | t II of item 18 |) | | | 120 (| 110 |
| | CERTI | OR CONTRIBUTING | S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER | | | | | | | | | | | | |
| | . 1 | 20c TIME OF INJUR | Y Manth, Day Yea | r 20d IN | NJURY OCCURRED | 20e PLACE | OF INJURY (H | lame, farm. | , 20f (City | or fawn) | | {(| County) | | (State |
| | MEDICAL | Hour a.m | 19 | While | Nat while | | , street, affice | | | | | , , | , | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | Σ : | p.m. | | of work | | . 1 | 0-22-6 | 51 | <u>i</u> | T=2=6 | 2 | | | | |
| | | | | | led the deceased t | | | | ta | 7 | | | | . , , | (we) las |
| | | saw the deceas | ed alive an | <u> </u> | 219 , and | that dea | th accurred | ot 7.P | M, fram | the cause | and | an the | date | | |
| | | 220. SIGNATURE | P. 1. 1. | R. | 4. | | ATTENDING | ME | D _ | STAFF PHYS | | | 1 | _1-22 | 62NEI |
| | | 22c. PHYSICIAN'S | Jaly W. | GELL | 1 | M D | - | | RECTOR | PHYS [| | | | | OL. |
| | | | Ralph W. | Ball | in, M.D. | | 62 ADDRES | Gree | ne St | . Cun | ber | lan | d, | Md. | |
| | 23 ₀ | BURIAL, CREMAT O | | F | 23c NAME OF CEME | TERY OR C | REMATORY | | 23d LOCA | TION (City, to | wn, or | caunty | | (Sto | te) |
| | | BURTAT | JAN. 61.962 | | FOREST HI | TIS C | EMETER | v | PTO | QUA. OI | OTE | | | | |
| | 24 | FUNERAL DIRECTOR | S S GNATURE | | ADDRESS | | | 250. REC'8 | BY REGIST | | REGISTE | RAR'S SIC | GNATU | RE | |
| | | BYR | ON KIGHT | | CUMBERLAN | ID, MI |). | DATE 1 | IN R | 62 | | Euro S | 1 60 | | |
| | | | | | | | | | 11 | Bel dan | | | 1000 | 44.6 | _ |

ral director, e filed with ■INSICIAN: The low requires that the death certificate be executed within 24 haurs after

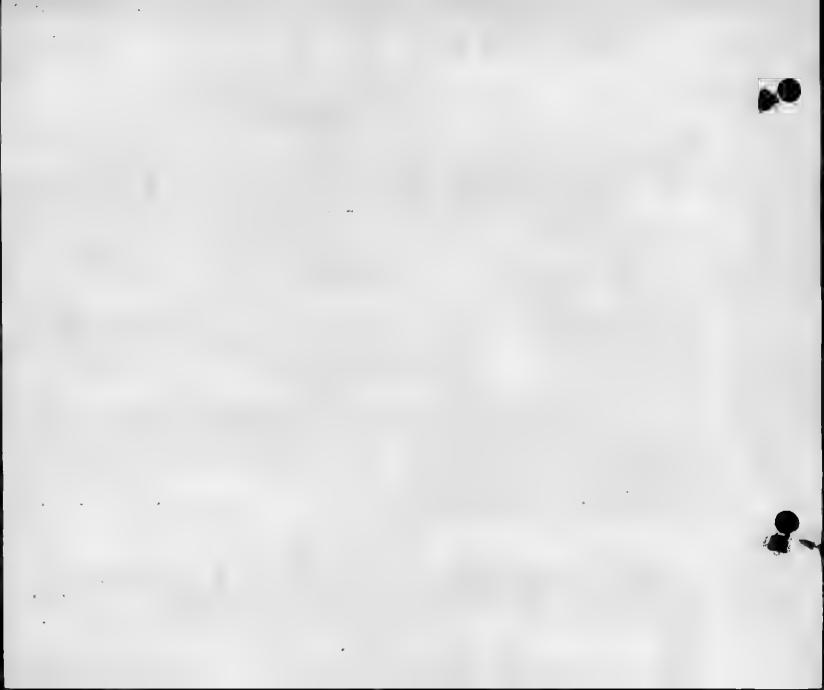
TO HOSPITAL OR ATTERNIE THEYSICIAN: The low requires that the death certificate be executed within 24 haurs after may be remained to the putal ar attending physician.

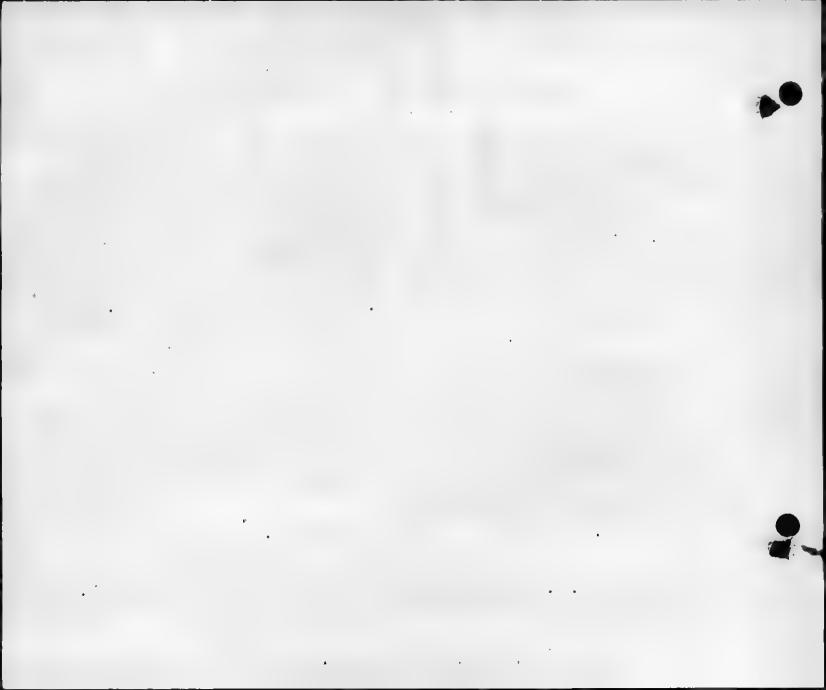
TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers Pages 1 and 2 shot the State Board of Health prior to burial, cremotion, or remaval, and in any event, within 22-transgered effect.

VR A1S (4) 1SM 9/S9



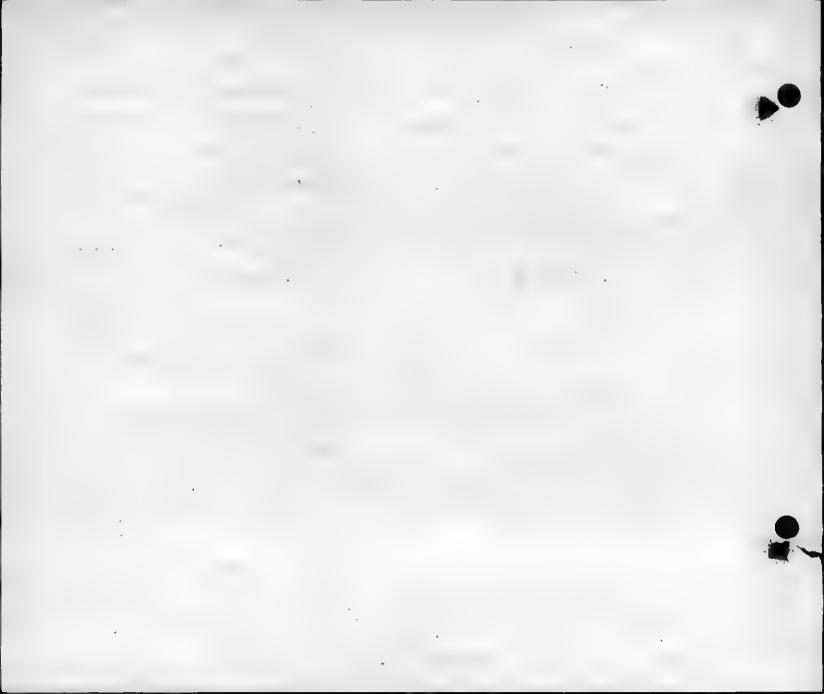
MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS. 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND Item 11 Film G306 2. USUAL RESIDENCE (Where decessed aved, If institution Residence before edm ssion) 1. PLACE OF DEATH a. COUNTY a. STATE ALLEGATIY PEND'SYLVANTA BEDFORD MARYLAND b. CITY OR TOWN (if oulside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest fown) wr la RURAL and give neerast town) ŏ dire r you CMNBERLAND HYNDMA N Dave d. NAME OF HOSP, TAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . JS RESIDENCE ON A FARM? Memorial Hospital retained he State STREET YES NO X 3. NAME OF First Middle 4. DATE Month DECEASED OF ihe (Type or print) FLORENCE DEATH ETIZABETH 2, and 3 to 5 may be nd 2 with hours afte 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH AGE (In years | F UNDER 1 YEAR IF UNDER 24 HRS. lest birthday) Months Days Hours Min DIVORCED 10a, USUAL OCCUPATION (G've kind of work 24 hours after the Pages 1, 2, PM3. Page 5 e pages 1 and within 72 h 106, KIND OF BUSINESS OR INDUSTRY! 11 BIRTHPLACE (State or fore in country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) if. File pages 1 Home 14. MOTHER'S MAIDEN NAME Penna. USA 13 FATHER'S NAME 8. Give form PA CHARLES SHAFFER 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Item 18, with for permit. (Yes, no, or unknown) | (If yes give we rondates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), r's Office along v s a bur al-transit p removal, and in a INTERVAL BETWEEN ONSET AND DEATH I. DEATH WAS CAUSED BY. CEREBRAL HEMORRHAGE IMMEDIATE CAUSE (a) Days should be **DUE TO** CEREBRAL CONTUSIONS Conditions, if any, which (b) Days geve rise lo immediala cause DUE TO te the contrate, writing the word "pendim forwarded to the Chief Medical Examine" L DIRECTOR: Page 3 should be used as ated agent, prior to burial, cramation, or r (e), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8) 1 19. WAS AUTORSY CERTIFICATION PERFORMED? NO TH 20a EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I) or Part II of Item 18.) PRIMARY TO OF CONTRIBUTING CAUSE OF DEATH. AUTOMOBILE ACCIDENT 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Day, Year (County) (Steta) factory, street, office bldg., atc.] Whife Not While Street 19 62 at work et work Near Hyndman. Pedford. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 35 and in my opinion lease execute to the structure structure of structure of the second of t death resulted from: Natural causes Accident X Surcide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL. ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE DEPUTY MEDICAL EXAMINER T January 22 DEPUTY EXAMINER'S SKITARELIC, N.D. Address (Streat, city, town, or county) R9 Cumberland, ND. NAME (Type) 220 BURIAL, CREMAT ON, 225, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or country) (Steta) Burial Hyndman Cemetery Hyndman, Bedford U40 9 FUNERAL DIRECTOR 240. REC'D BY REGISTRAR | 24b. REGISTRAR'S SIGNATURE **ADDRESS** VS. A15ME Hyndman, Penna. DATEJAN 2 6 '62 C' Thung & France 5M 9160





death, Page 4

VR A15 (4) 15M 7,61 STATE DEPARTMENT OF HEALTH



MADVIAND STATE DEDADTMENT OF MEALTH

| | MAKIEMIN SIMIE DE | PARIMEITI OF | E1424E EE1 | |
|--------------------------------|----------------------|----------------|-------------------|------------|
| DIVISION OF STATISTICAL | RESEARCH AND RECORDS | 301 W. PRESTON | STREET, BALTIMORE | 1, MARYLAN |
| 00062 | CERTIFICATI | OF DEATH | | ABAL |

| 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission |
|--|--|
| ATT.FITSNY MARYLAND | *. STATE MARYLAND b. COUNTY ALLEGANY |
| b. CITY OR TOWN (I outs de corporete limits, write RURAL end give nearest town) | c. CITY OR TOWN (If oulside corporele limits, write RURAL and give nearest town) |
| CUMBERLAND 23 DAYS | Rt. # 1 Cumberland, |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d. STREET ADDRESS IS RESIDENCE ON A FARM |
| _SACRID HEART HOSPITAL | Upper Homewood Add. |
| NAME OF First Middle | 4. DATE Month Dey Year |
| (Type or print) | PLUMMER DEATH 1 22 1962 |
| 5EX 6 COLOR OR RACE 7, MARRIED 7 NEVER MARRIED 1 | B, DATE OF BIRTH 9, AGE (In years) IF UNDER 1 YEAR IF UNDER 24 HRS |
| WIDOWED TO THE MAKE THE | lesi birthday) Months Days Hours Min. |
| ALE CONTRACTOR OF THE CONTRACT | 10/9/95 66 yrs 1 12 CITIZEN OF WHAT COUNTRY 112. CITIZEN OF WHAT COUNTRY |
| me during most of working life, even if retired) | |
| Trackman, B. & O. Rwy. | Rawlings, Md.; U.S.A. |
| | |
| Francis M. Plummer | Eugenia Ullum |
| WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. 15. no, or unkown) (Ifyesgive were redetes of service) | INFORMANT Address M.O. |
| YesW.W. # 1Mr | s. Catherine M. Plummer Rt. # 1 Cumb |
| 18. CAUSE OF DEATH [Enter on y one cause per line for (e), (b), end (c).] | INTERVAL BETWEEN ONSET AND DEATH |
| PART I. DEATH WAS CAUSED BY I IMMEDIATE CAUSE (a) Chronic Congestive | |
| DUE TO | The state of the s |
| Conditions, if any, which \ (b) Old Large Myocardia | al Infarction of left ventricle ? |
| gave rise to immediate cause | and the state of the many and the state of t |
| couse 3ast. underlying course 3ast. (c) Coronary Arterioscl | erosis ? |
| | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 et . 19. WAS AUTOPS |
| | PERFORMED? |
| Absence of leftkidney; pyelonephritis | OI FIGHT KIGHAY CAPGIAC CIPTHOSIS |
| Absence of leftkidney; pyelonephritis 206 Accident was underlying [206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING [206. DESCRIBE HOW INJURY OCCURED OF LIFE EITHER, NOTIFY MEDICAL EXAMINER! | |
| | ACE OF INJURY (Home, farm, / 2Df. (City or lown) (County) (Stele) |
| Hour e.m. While Not While fec | ctory, street, office bidg., etc.) |
| | |
| 21. I certify that (I) (this hospital) attended the deceased from. | .November29, 161., toJanuary. 22, 1962 that (1) (we) la |
| | t death occured al. 2:30 from the causes and on the date stated above |
| 220, SIGNATURE | ATTENDING MED. STAFF 22b. DATE |
| | M.D. PHYS. DIRECTOR PHYS. D |
| 22c. PHYSICIAN S (NAME (Type) | 22d. ADDRESS |
| DR. DOERNER, Wyand F. Jr. | 414 N. Mechanic St., Cumberland, Md. |
| BURIAL, CREMATION 236, DATE THEREOF 236, NAME OF CEMETERY REMOVAL (Specify) | |
| | lem. Gardens Cumberland, Maryland |
| 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 25a, REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE |
| H. Wayne George Cumberland, Md | PATE JAN 2 5 '62 and a Knowle |

and a Knowl

DATE JAN 2 5 '62

Cumberland, Md.

IO HOSPITAL. Of NDING PHYSICIAN: The law requires that the death certificate be executed within death. Page 4 the hospital or attending physician.

IO FUNERAL Line 18. After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the please that the state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the please that the state Dept.



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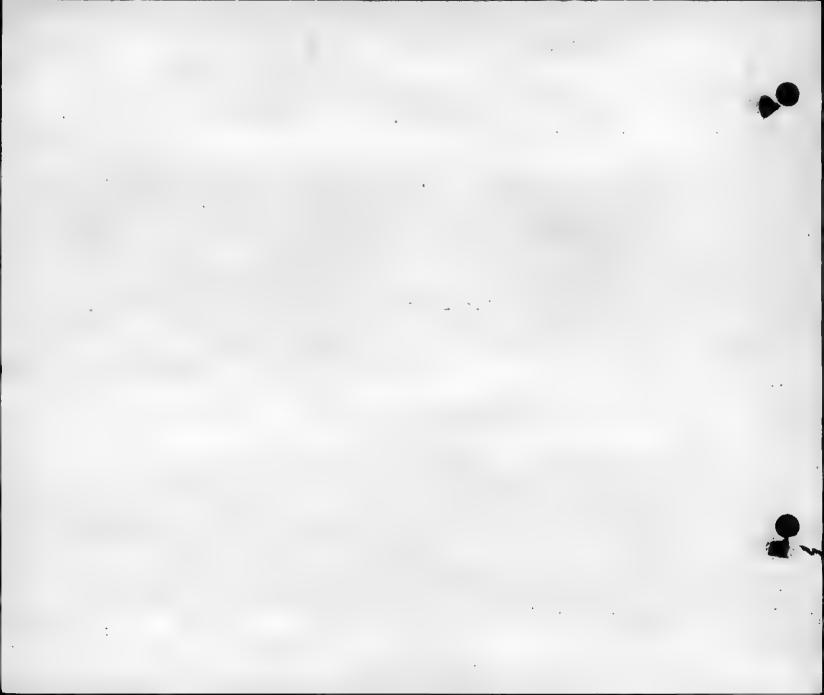
FROSTBURG.

DATE AN 2 6

15M 7/61

[Stete]

SIGNED



CUMBERLAND, MD.

DAM 2 6-162

 IS RESIDENCE ON A FARM?

YES NO

19 62

Hours I Min.

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

NO F

22b. DATE

[State)

SIGNED

YES

Year

death. Page 4
TO FUNERAL 3
director, page 3
be filed with the VR A15 (4) 15M 7.61

BYRON KIGHT

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TO HOSPITAL

TTENDING PHYSICIAN: The law requires that the death certificate be executed in death. Page 4 m as retained by the hospital or attending physician.

TO FUNERAL D

GOOD STATE After this certificate has been signed by the attending physician and completely director, page 3... and be detached for use as the burial-transit permit. Then please remove carbon papers be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event.

2 hours after

the funeral

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| SUUTO CERTIFICATE OF DEATH | |
|--|------|
| 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved, if institution; Residence before admission). COUNTY a. STATE b. COUNTY | on) |
| ATTEGANY b. CITY OR TOWN (If outside corporate limits, write RURA, and give nearest town) c. CITY OR TOWN (II outside corporate limits, write RURA, and give nearest town) | - |
| write RURAL and give neerest town] Frostburg, Maryland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) O. SIREET ADDRESS O. SIREET ADDRESS O. SIREET ADDRESS | CE |
| iners Hospital S2 Beall Street, Extended YES NO No No No No No No No | |
| (Type of print) Joseph Lashorn Redman S. SEX G. COLOR OR RACE 7 MARRIED NEVER MARRIED 8 DATE OF BRIH METER January 28 19 62 9. AGE (In years I IF UNDER 1 YEAR IF UNDER 24 HR | 85. |
| MSTE Black WIDOWED DIVORCED 12/24/1862 last birthday) Months Days Hours Min. 108. USUAL OCCUPATION (Give kind of work 10b KIND OF BUSINESS OR NOUSTRY 11. BIRTHPLACE (County & State, or fore an country) 12. CITIZEN OF WHAT COUNT | 1, |
| done during most of working life, even if relired) Petersburg, W. Va. U. S. A. 13. FATHER'S MAME | _ |
| _ John Redman Hannah Smith | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) [(Ifyesgivewarordetesofservice)] None Mrs. Rosia Kelly, Frostburg, Maryland | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)] PART 1. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH | |
| DUE TO | |
| Conditions, if any, which (b) gave rise to immediate cause (e), stating the underlying DUE TO | |
| cause last. (c) | SY |
| PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 18. PERFORMED YES NO 200 ACCIDENT WAS UNDERLYING 17 20b DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of I tem 18.) | - |
| OR CONTRIBUTING CAUSE OF DEATH If EITHER, NOTIFY MEDICAL EXAMINERS | _ |
| 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF IN, URY (Home, farm, P.m., P.m., 19 While at work at wo | |
| 21. I certify that (I) (this hospital) altended the deceased from | |
| 228. SIGNATURE 226. DAT STAFF 226. PAT SIGN | TE , |
| PHYS. DIRECTOR PHYS. DIRECTOR PHYS. | 1/20 |
| 238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY P 23d. LOCATION (City, lowg or county) (Stele) | 12 - |
| 24 FUNERAL DIRECTOR'S SIGNATURE APDRESS D 258. REC'D BY REGISTRAN 256. REG.STRAN S/SIGNATURE | |
| John J. Hafer Cumberland, Md. DATE JAN 31 '62 Chilhur & Times | |



FOR STATE HEALTH DEPT. r les. Page 1 TO DEPUTY IN EXAMINER: This certificate should be executed within 24 hours after death. If any delay is please execute execute execute the control of the fune of VS, ATEME

5M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TATE

OOG MEDICAL EXAMINER'S CERTIFICATE OF DEATH

|) | CERTI | FICATE | OF | DEATH | | 0000 | h pay |
|---|----------------------|--------------------|--------|-------------------------|----|-----------------|--------|
| Ī | 2. USUAL a. STATE | RESIDENCE Pelli | (Whare | deceased, lived, If ins | Be | esidence before | dmissi |

| 1. PLACE OF DEATH •. COUNTY Allegany MARYLAND | 2. USUAL RESIDENCE (Where decessed lived, if institution, Residence before edimission) a. STATE PeriNSYLVANIE COUNTY Beaford |
|--|--|
| b. CITY OR TOWN (if outside corporate I m is, Cunnibertanti, 8 Clays | c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Hynaman |
| d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) | d STREET ADDRESS |
| Cumberland Memorial Hospital | ON A FARM? |
| 3. NAME OF First Middle (Type or print) WILLIAM B | RITCHEY DEATH January 1, 19 62 |
| Male White WIDOWED DIVORCED | DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. NOV. 20, 1917 44 bribdey) Months; Deys Hours Min. |
| 10e. USUAL OCCUPATION (Give kind of work Characters of Industry Certaines Several life, avan if retired) Textiles | Hyndhan; Penisylvania 12. USA OF WHAT COUNTRY? |
| Blair Ritchey | 14. MOTHER'S MAIDEN NAME Laura Kennedy |
| | Mrs. William Ritchey Hynaman, Pa. |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) GUNSHOT WOT | UND OF ABDOMEN STAND DEATH 8 Days |
| Conditions, if any which (b) | |
| geve rise to immediate cause (e), stelling the underlying DUE TO cause lest, (c) | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT 20a. EXTERNAL CAUSE WAS PRIMARY A OF CONTRIBUTING CON | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(*) 19. WAS AUTOPSY PERFORMED? YES NO A |
| ACC TDEMILITY SHOW | while Hunting WHILE Hunting |
| 20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 4-20e. PLAC | E OF INJURY (Home, farm, 20f.T.Chylol town, (County) (State) |
| 21. I certify that I took charge of the remains described above, heldeath resulted from: Natural causes . Accident . Suicident . Suicident . | |
| 0 , 01, - 1 | CHIEF MEDICAL EXAMINER |
| SIGNATURE Denedict Sketarelie | .M. ASSISTANT MEDICAL EXAMINER DATE SIGNED DEPUTY MEDICAL EXAMINER January 1, 1962 |
| NAME (Type) BENEGICT SKITATELIC, M.D. 220 BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR | |
| Burial 1/4/62 Hyndman Ceme: | |
| Harvey J. Zeugler Hundman Pe | nna • PARE 2 162 Learner & Three |
| | |



VR A15 (4) 15M 7,61

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH

| ı | | | | | | | | | |
|---|---------------|---|--|--|--|--|--|--|--|
| N | | PLACE OF DEATH | 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) | | | | | | |
| Л | | ALLEGANY MARYLAND | MARYLAND 6. COUNTY ALLEGANY | | | | | | |
| | Ь | b. CITY OR TOWN (if outside corporata limits, c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) | | | | | | |
| | 7 | CUMBERLAND 13 DAYS | , CUMBERLAND | | | | | | |
| | d | d. NAME OF HOSP.TAL OR INSTITUTION HAND PROSPICE NE MOOF PARIES | d STREET ADDRESS o. IS RESIDENCE ON A FARM? | | | | | | |
| | | MEMORIAL HOSPITAL AVES. | 701 PLEDMONT AVENUE YES NO K | | | | | | |
| | | NAME OF First Middle | Last 4. DATE Month Day Year | | | | | | |
| | | (Type or print) JULIA - F. ROE | MMELMEYER DEATH JANUARY 1962 | | | | | | |
| | 5. 3 | SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B | DATE OF BIRTH 9. AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS. 1 | | | | | | |
| | | EMALE WHITE WIDOWED X DIVORCED | SEPTEMBER 25, 1886 75 yr. """" | | | | | | |
| | 10a. don | JSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTR | Y 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? | | | | | | |
| | | Housewife | PENNSYLVANIA U. S. A. | | | | | | |
| | 13. | FATHER'S NAME | 14. MOTHER'S MAIDEN NAME | | | | | | |
| | | MARIOKE THEODORE SCHIMMEL | JULIA A. UCH | | | | | | |
| | | . WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17, II | NFORMANT Address | | | | | | |
| | | No | EMORIAL HOSPITAL, CUMBERLAND, MARYLAND | | | | | | |
| | T | 18. CAUSE OF DEATH [Enter only one cause per line for [e], (b), end (c).] | INTÉRVAL BETWEEN ONSET AND DEATH | | | | | | |
| | | PART I. DEATH WAS CAUSED BY: James Corde | ac farme 4 days. | | | | | | |
| | | 154 X DUETO A | a de la materia | | | | | | |
| | | Conditions, if any, which (b) Willmoma rock | organori orea with allinometers | | | | | | |
| | | (a), sleting the underlying DUE TO IL man for Mine To | alexanderoly Cordinanalindesano | | | | | | |
| | | cause last. | allower the there are | | | | | | |
| | Z | PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMED? | | | | | | |
| | CERTIFICATION | Digitates mell | UNS NO € | | | | | | |
| | H | 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of intury in Pert I or Pert II of Item 18) | | | | | | | |
| | I - I | OR CONTRIBUTING [] CAUSE OF DEATH UF EITHER, NOTIFY MEDICAL EXAMINER] | | | | | | | |
| | MEDICAL | 20c. TIME OF NJJRY Month, Day, Year 20d. NJURY OCCURRED 20e PLA | CE OF INJURY (Home, farm 20f. (City or town) (County) [Stete) | | | | | | |
| | | Hour e.m. While Not While set work to et work | | | | | | | |
| | | 21. I certify that (I) (this hospital) attended the deceased from. | 1 9 5 Ce 19 | | | | | | |
| | | saw the deceased alive on | death occured at | | | | | | |
| | | 22e. SIGNATURE | ATTENDING MED STAFF 2 16 1 SIGNED | | | | | | |
| | | walked hamen | D PHYS DIRECTOR PHYS. D | | | | | | |
| | | PHYSICIAN'S NAME (Type) DR. W. A. VAN ORMER | 122 S. CENTRE ST. CUMBERLAND, MD. | | | | | | |
| | | DIV. W. W. VALL OUNTER | | | | | | | |
| | | BURIAL, CREMATION, 236 DATE THEREOF 23c. NAME OF CEMETERY | OR CREMATORY 23d. LOCATION (City, town or colony) (Stole) | | | | | | |
| | | Burial 1/5/62 Willow V. | iew Cemetry Carbondall Va | | | | | | |
| | 24 | FUNERAL DIRECTOR'S SIGNATURE ADDRESS | 256 RICO BY REGISTRAR 256. REG STRAR'S SIGNATURE | | | | | | |
| | - | John J. Haper Cumberland | Med DATE JAN 5 '62 Citima & Thanks | | | | | | |
| | | | | | | | | | |



the funeral TO HOSPITAL OR A should BRYSICIAN: The law requires that the death certificals executed within 24 death. Page 4 r. Sined by the hospital or attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and completely filled in director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 s be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours pitered. MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND, CERTIFICATE OF DEATH 00069

| 1. PLACE OF DEATH | 2. USURI. RESIDENCE (Where deceased I ved, if Institutions Residence before admission) |
|--|---|
| a. COUNTY | a. STATE b. COUNTY |
| b CITY OR TOWN (I Townside corporate limits, write RURAL and give nearest town) C. LENGTH OF STAY IN Ib | C. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) |
| d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) | d. STREET ADDRESS 0. IS RESIDENCE ON A FARM? |
| SACRED HEART 3. NAME OF DECEMBED (Type or print) Addie December (Type or print) | 724 MARYLAND AVE. YES NO 11 |
| 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. WHITE WIDOWED DIVORCED | ROGERS DEATH 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. 2-30-08 9. AGE (In years F UNDER 1 YEAR IF UNDER 24 HRS. Jast birthday Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Flectrician Ralinoad Ralinoad | WEST VIRGINIA Monongah USA 14. MOTHER'S MAIDEN NAME |
| BRUCE ROGERS 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 177. I | Ada Gandy NFORMANT Address |
| (Yes, no, or unkown) (Ifyes give wer or dates of service) | |
| No 234-09-8175 | PT'S CHART |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH. WAS CAUSED 8Y: (MMEDIATE CAUSE (a) DUE TO Conditions, if eny, which gave rise to immediate causa [a), stering the underlying cause last. (c) | Hartron, acute, autentichtal onser and gränd Heart Dascare 17 day |
| PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 200. ACCIDENT WAS UNDERLYING 200. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING 200. CAUSE OF DEATH USE EITHER, NOTIFY MEDICAL EXAMINER) | OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1) 19. WAS AUTOPSY PERFORMED? YES NO |
| 20%, ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCURED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | t. (Enter nature of injury in Pert t or Part II of Item 18.) |
| | CE OF INJURY (Name, farm, 20f. (City or town) (County) (State) ory, street, office bldg., etc.) |
| 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on | death occurred at 1. PM, from the causes and on the date stated above. |
| 220. SIGNAPUR TURESURAN M | ATTENDING MED. STAFF 1/9/22b. DATE SIGNED |
| 22c. PYYS CIAN S NAME STYRE) WEISMAN, M.D. | 59 GREENE ST. |
| 23a, BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OF BURIAL IIII IIII IIII IIII IIII IIII IIII | or CREMATORY 23d. LOCATION (City, fown or county) dge Cemetery Shinnston, W.Va. |
| James F. Scarpelli Cumberland, Md | 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE JAN 1 2 '62 Cultum S. Thama |

VR A1S (4)

6

15M 7/61



TO DEPUTY M

EXAMINER: This certificate should be executed within 24 hours after death. If any delay is replease execute I.—

A should be forwarded to the Chief Medical Examiner's Office along with form PM3. Bage 5 may Ex retained for you be used as a burial-transit permit. File pages-1-eqd 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME SM 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

(1) (1) (1) (1)

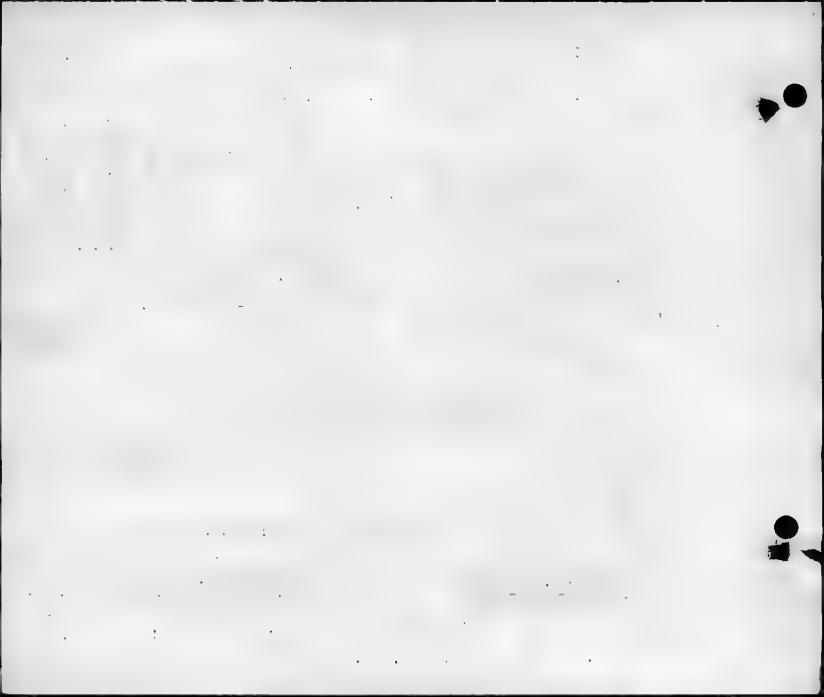
| | . PLACE OF DEATH | | 2. USUAL RESIDENCE (Where deceased I ved, If institution: Re | sidence before admission) |
|-------------|--|-----------------------------|---|---|
| | e. COUNTY | | - CTATE - COUNTY - | egany |
| ı I- | Allegany | MARYLAND | | - |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If outside corporete limits, write RURAL and | give nearest town) |
| | Cumberland | 6yrs. | Cumberland | |
| | d. NAME OF HOSPITAL OR INSTITUTION (if not in hos | p.tel, give street eddress) | d. STREET ADDRESS | . IS RESIDENCE |
| | 6 Eaulid Place | | 6 Eculid Place | YES NO TA |
| 3 | . NAME OF First | Middle | Last 4. DATE Month | Dey Year |
| | DECEASED | 0.00 | OF _ | TT 00 |
| 1. | поть | Sec | outland . | |
| 1 | 6. COLOR OR RACE 7. MARRIE | D NEVER MARRIED 8 | Feb. 26, 1907 54 birthday Months Di | EAR IF UNDER 24 HRS. |
| | IV. WIDOWE | | | ays Hours Mills |
| | 0a. USUAL OCCUPATION (G ve kind of work done during most of working life, even if refired) | IND OF BUSINESS OR INDUSTR | Y 11 BIRTHPLACE (State or foreign country) 12. CITIZ | EN OF WHAT COUNTRY? |
| | | aroni E.ctor | y Rowlesburg, W.Va. USA | f. |
| 1 | 3. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | - |
| | Egnitious Scott | | B17 D | |
| - | 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. | SOCIAL SECURITY NO. 1.17 T | Zuella De Witt | |
| - 1 | Yes, no, or unkown) ; (If yes give we rordeles of service) | | | 3 " " |
| | | | s. Gladys Scott, Cumperl no | l, Ma. |
| | 18. CAUSE OF DEATH Enter only one couse per la | | | INTERVAL BETWEEN ONSET AND DEATH |
| | PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) GU | n Shot Wound | of Head | sudden |
| | 476 × DUE TO | | 9757 | |
| | | lf Inflicted | 1) | |
| | gave rise to immediate cause | | • | |
| | (a), stelling the underlying DUE TO | | | |
| ١. | ceuse lest. (c) | | | |
| Í | PART II OTHER SIGNIFICANT CONDITIONS EON | TRIBUTING TO DEATH BUT NO | T RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 | (a) 19. WAS ALTOPSY PERFORMED? |
| 13 | | | | YES NO T |
| MORA CISTOR | 20a. EXTERNAL CAUSE WAS 20b. DESCRI | BE HOW INJURY OCCURED. (E | nter nature of Injury In Part I or Part II of Stem 18.) | |
| 18 | CAUSE OF DEATH. | | | |
| 13 | 20c. TIME OF INJURY Month, Dey, Yeer 20d. I | NJURY OCCURRED 200. PLA | CE OF INJURY (Home, ferm, ; 20f. (City or town, (Count | y] (Stele) |
| u entra a | Hour a.m. While | | ry, street, office bldg., etc.) | , |
| 12 | point to 1 | k et work | | |
| | 21. I certify that I took charge of the rem | | | and in my opinion |
| | death resulted from: Natural causes | Accident, Suici | de 🚮 Homicide 🔝 Undetermined manner 🔝 | |
| | 0 '. | 1. | CHIEF MEDICAL EXAMINER | |
| | SIGNATURE Desident | ketarelia) | ASSISTANT MEDICAL EXAMINER | DATE SIGNED |
| П | / | | DEPUTY MEDICAL EXAMINER & Cumberland | ,id . |
| .0 | examiner's Dr. Benealst | Skitarelic M | D . Address (Street, city, town, or county) Allegany | |
| 2 | 20, BURIAL, CREMATION, 226. DATE THEREOF | 12c. NAME OF CEMETERY OR | | (Stote) |
| | Burial Jan. 14,196 | Rose Hill | | |
| - | 3. FUNERAL DIRECTOR | ADDRESS | Cemetery Cumber Land, Id. | NA TUDE |
| | | .,, | 1881 4 0 700 1 1 7 3 40 | |
| | James F. Scarpelli, Cu | mper rand, Mo | DATE | |



STATISTICAL RESEARCH AND RECORDS. W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased leved, If Institution, Residence before edmission) COLINI b. COUNTY ALLEGANY COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate I mits, write RURAL and give nearast town) C LENGTH OF STAY IN 16 CUMBERLAND, MD. CUMBERLAND, MARYLAND DAYS d NAME OF HOSPITAL OR INSTITUTION (if not in hospita, give street address) d STREET ADDRESS . IS RESIDENCE ON A FARM? WARWARK *MEMORIAL 231 NATIONAL HIGHWAY MEMORIAL HOSPITAL NO A 3. NAME OF Middo DATE DECEASED OF 1-21-SHANER BERNICE (Type or print) DEATH 19 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH and lest_birthdey) Months FEMALE WIDOWED [DIVORCED physician 10a USUAL OCCUPATION (GIVE kind of work 12. CITIZEN OF WHAT COUNTRY? 11. BIRTHPLACE (County & State, or foraign country) done during most of working I fa, aven if ratirad) ROCKWOOD, PENNA. U.S.A. Clerk 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 2. attending GRACE MYERS <u>a</u> IS. WAS DECEASED EVER IN U.S. ARMED FORCES? . 16. SOCIAL SECURITY NO. 1 17. INFORMANT Address гетома (Yes, no, or unkown) ; (If yas giva war or dates of service) CUMBERLAND. MD. HOSPITAL g physician. signed by the no 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: MMEDIATE CAUSE (a) DUE TO rcinoma gave rise to immediate cause **DUE TO** (a), stating the underlying PART IL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a), 19, WAS AUTOPSY 92 PERFORMED? CERTIFICATI NO 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Part I or Part II of itam 18.) 20a ACCIDENT WAS UNDERLYING [] OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) WEDICAL 20e. PLACE OF INJURY (Home, farm (Stata) 20c T ME OF INTURY Month, Day, Yaar 20d. INJURY OCCURRED 20f. (City or town) (County) factory, street, office bldg., etc.) While Not Whila Hour a.m. at work at work 1960 21. I certify that (1) (this hospital) attended the deceased from... 6 /, and that death occured at 0:300 Mom the causes and on the date stated above. saw the deceased alive on. 22b. DATE SIGNED ATTENDING DIRECTOR PHYS. PHY5. FUNERAL eged PHYS CLAN'S 22d. ADDRESS NAME (Type) ector, WHITWORT F 234. BURIAL, CREMATION, | 236 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY . 23d. LOCATION (City, town or county) REMOVAL (Spacify) 0 Rose Hill Cemetery Cumberland, Md. 256 REC'D BY REGISTRAR | 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS VR A15 (4) - 50 15M 7/61 1 70 in ther S. Thou ? Scarpelli, Cumberland, Md.

LARYLAND STATE DEPARTMENT OF HEALTH



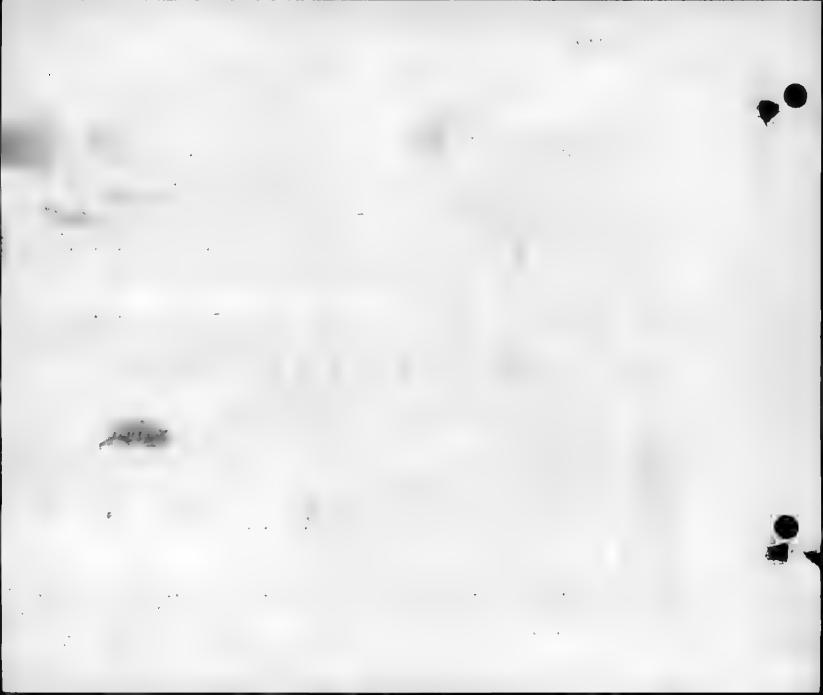


| | CERTIFICATE OF DEATH | BALTIMORE 1, MARY | 173 |
|------------|--|--|--|
| 1. | PLACE OF DEATH a. COUNTY ALLEGANY MARYLAND ARYLAND ARYLAND | sed lived, If institution: Residence | before admission] |
| | b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) MARYLAND MARYLAND C. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) | e limits, write RURAL and gave no | erest fown) |
| | CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) MEMORIAL HOSPITAL AVENUES 3112 RACE STREET | , | e. IS RESIDENCE ON A FARM? YES NO NO |
| 3. | MEMORIAL & WARWICK AVENUES NAME OF DECEASED NAME OF DECEASED NAME OF DECEASED | Month Day | Yeer |
| 5 | | | 19 62 IF UNDER 24 HRS. |
| | MALE WHITE WIDOWED DIVORCED JANUARY 12, 1962 | yrs Manths Days | Hours Min. |
| d | 0a. USUAL OCCUPATION (Give kind of work folione during most of working life, even if relired) NONE 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (County & State, or form one waryland) MARYLAND CULTBET 3. FATHER'S NAME | | WHAT COUNTRY? |
| СЕКПЯСАПОМ | | Address JMBERLAND, MD INTEL I | PERFORMED? |
| WEDICAL | Hour a.m. p.m. 19 et work at work 12. 1 certify that (I) (this hospital) attended the deceased from | -16,1965h | at (I) (we) last e stated above. 22b. DATE SIGNED |
| | 22c. PHYSICIAN'S NAME (Type) DR. HODGES. 122 S. CENTRE ST | - III | |

14.







| <u></u> | | m | 01 | / |
|---|-------|-------------|--------|--|
| HOSPITAL OR A CONTINUE PHYSICIAN: The law requires that the death certificate be executed within 24 |) | ‡ | 0 | filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death |
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CERTIFICATE OF DEATH 0076 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, If institutions Residence before admission) . COUNTY **b.** COUNTY a. STATE Allegany Allegany Md. MARYLAND b. CITY OR TOWN (f outside corporete ..mits, c. LENGTH OF STAY IN Ib c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL end give neerest town) 44 Yrs Luke Luke d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, g ve street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 413 Pratt 413 Pratt St. YES NO X 3. NAME OF Eirst Midd e 4 DATE Month Doy Year DECEASED OF [Type or print] Sively Jan. 30 Mae DEATH Effic 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED | 8. DATE OF BRITH 9. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. [ast birthday] | Months Deys Female White WIDOWED X DIVORCED 10a. LSUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY II BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. Rockbridge Ct. Va. Hospital Cooks hemper 13. FATHER'S NAME 1 14. MOTHER'S MAIDEN NAME Nancy J. Kelly William H. Kirkpatrick 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (Ifyesgivewerordetesofservice) Milton Sively-Luke, Md. 1B. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c)) INTERVAL BETWEEN cer of the large browl ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19, WAS AUTOPSY PERFORMED? NO TO CERTIFIC. 20b. DESCR BE HOW INJURY OCCURED, (Enter neture of in ury in Port I or Port II of item 18.) 200, ACCIDENT WAS UNDERLYING TH OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d, INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work attended the deceased from this hospital) saw the deceased alive 22b. DATE 22e. SIGNATURE ATTENDING SIGNED DIRECTOR PHYS. PHYS. MD. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Westernport, Md. Wm.W. Lesh 230. BURIAL, CREMATION, | 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, fown or county) (Steta) REMOVAL (Specify) Md. Burial Philos Westernport **ADDRESS** 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE Chilber S. Thouse Westernport. 15M 9/60 DATE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. ESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, if Institution: Residence before edmission) a. COUNTY Waryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) write RURAL end give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) Lonacening . IS RESIDENCE d. STREET ADDRESS Street YES NO Miners Hospital Jackson 3. NAME OF Middie DATE 4. Month DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 8. DATE OF BIRTH last birthday) Months Devs 86 Female WIDOWED 1 DIVORCED yrs. 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY TY THE O' THE COUNTRY) done during most of working life, even if retired) None 13. FATHER'S NAME James Johnston Sarah Spiker 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) | (If yes give we ror detes of service) Mr. Leroy Coleman, Lonaconing, No 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] INTERVAL BETWEEN ONSET AND BEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) DUE TO ticci disease class III gave rise to immediate cause DUE TO (e), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 110 19. WAS AUTOPSY PERFORMED? 2De. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH 2De. PLACE OF INJURY (Home, ferm, ! 20c. TIME OF INJURY 20d. INJURY OCCURRED | 2Df. (City or town) (County) Month, Day, Year factory, street, office bldg., etc.) While Not While Hour e.m. el work et work D. F 21. I certify that (I) (this hospital) attended the deceased from 3-00. 1956 to 10, 1962 that (I) (we) last 10 1962, and that death occured at PAM, from the causes and on the date stated above. saw the deceased alive on... 22a. SINHATUR ATTENDING DIRECTOR PHYS. PHY5. 22c. PHYSICIAN S 22d. ADDRESS

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Ruria 24 FUNERAL DIRECTOR'S SIGNATURE

REMOVAL (Specify)

23e. BURIAL, CREMATION, | 23b. DATE THEREOF

Moscow, MD.

23d. LOCATION (City, lown or county)

ON A FARM?

NO

(State)

72b. DATE

SIGNED

Lonaconing,

Laurel

23c. NAME OF CEMETERY OR CREMATORY

1 5 '62 arthur S. Frances DATE

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sined by the hospital or attending physician, and conflicte be executed within 1.

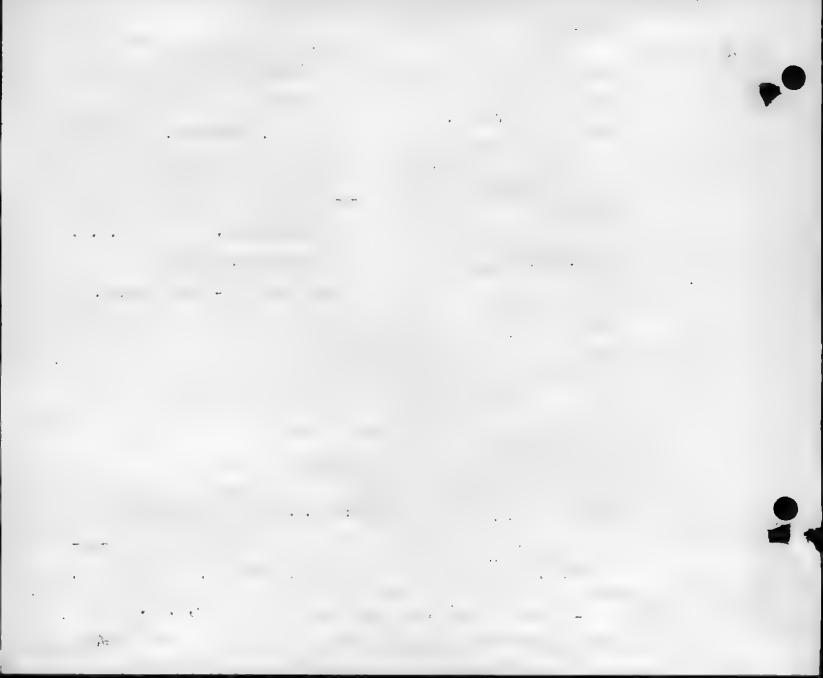
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director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pagesty be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours base. VR A15 [4]

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| ı | DIVISION OF STATISTICAL RESEARCH AND RECOR | rds, 301 W. Preston Street, Baltimore 1, Maryland |) |
|-----|--|--|-----------------------|
| | CERTIFICA | ATE OF DEATH | 3 |
| М | 1. PLACE OF DEATH a. COUNTY | 2. USUAL RESIDENCE (Where deceased fixed, If institution, Residence before a | dm ssion) |
| | ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 1b | 711111111111111111111111111111111111111 | yn) |
| | CUMBERLAND I DAY | KEYSER | |
| | d NAME OF MESHIOR AND THE HAND CHOSPHANES STREET Address) | | ESIDENCE A FARM? |
| | MEMORIAL HOSPITAL 3 NAME OF First Middle | Last 4. DATE Month Day Yea | ио 🗌 |
| | (Type or print) BABY BOY | STICKLEY DEATH JANUARY 9, 19 | 62 |
| | 5 SEX 6. COLOR OR RACE 7, MARRIED NEVER MARRIED | B DATE OF BIRTH 9. AGE (In years FUNDER 1 YEAR FUNDER 1 Was Hours | 24 HRS. M n, |
| | MALE WHITE WIDOWED DIVORCED 100. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUS | 1-8-1962 yrd. 1 1 STRY 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT C | COUNTRY |
| | done during most of working life, even if retired] | Cumberland, Md. U.S.A. | _ |
| | CARL D. STICKLEY | MARGARET L. KISER | |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17. [Hyes, no. or unkown] [Hyesgive war or detes of service] | . INFORMANT Address | |
| | 18. CRUSE OF DEATH (Enter only one cause per lipe for (e), (b), and (c), | MEMORIAL HOSPITAL - CUMBERLAND, MD. | |
| | PART DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) | UTITA ONSET AND | ty_ |
| | Conditions, if any, which | of felvores I do | 4- |
| | Gonditions, if eny, which gave rise to immediate ceuse [b] [a], stelling the underlying DUE TO | 2 arrotia | () |
| | cause (ast | NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(0): 19. WAS A | L STOREY " |
| -23 | FAM II OTHER SIGNIF CAN CONDITIONS CONTRIBUTING TO DEATH BUT N | | RMED? |
| | PART II OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 206. ACC DENT WAS UNDERLYING 1 206. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING 1 CAUSE OF DEATH IIF EITHER, NOTIFY MEDICAL EXAMINER, | RED. (Enter nature of injury in Part) or Part 1 of item 18) | |
| | | PLACE OF INJURY (Home, Jarm, 20f. (City or town) (County) fectory, street, office bldg., etc.) | (State) |
| | 21. certify that () (this hospital) altended the deceased from saw the deceased alive on. | m. 19. 4. to | (we) last d above, |
| | 22a SIGNATURE NO AUGO A POGRA | | DATE |
| | PHYSICIAN'S NAME (Type) DR. W. ROYCE HODGES | 122 S. CENTRE ST., CUMBERLAND.MD. | |
| | 236, BURIAL, CREMATION, 236, DAYE THEREOF 236, NAME OF CEMETERS REMOVAL (Specify) POLOMISC VA | RY OR CREMATORY 23d. LOCATION (City, lown or county) (S | irete) — |
| | Burial 1-11-62 Memorial G | Lendong Keyser, W. Va. | - |
| | 24 FUNERAL DIRECTOR'S S.GNATURE | 720 c DATE JAN 15'62 25b. REGISTRAR'S SIGNATURE | |
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 179 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where decessed I ved, If institution, Residence before admission) 1. PLACE OF DEATH . COLNTY b. COUNTY Allegany Marvland Allegany MARYLAND b. CITY OR TOWN (if outside corporate lim is, C LENGTH OF STAY IN 15 c, CITY OR TOWN (if outside corporate limits, write RURAL and give necrest town; write RURAL and give negrest town) ŏ Cumberland. Cumberland. for you Board o d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? retained f he State Br r death. Memorial Hosp. So-Mechanic St. YES NO X 3 NAME OF Ahin 24 hours after.

6. Give Pages 1, 2, and 3 n.

m. PM3. Page 5 may be ren.

ages 1 and 2 with the S.

ages 1 and 2 with the S. DECEASED OF and 3 to the (Type or print) PAUL CHESTER DEATH STICKLEY: 19 62 Jan. 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE IIn Years | IF UNDER 1 YEAR ! IF UNDER 24 HRS. last birthday) Months Male , WIDOWED T DIVORCED | Nov. 22. 106, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 10a. USUAL OCCUPATION (Give kind of work I 12 CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) B. & O. RWV. S. A. Supplyman Cumberland. Md. 13. FATHER'S NAME 1.14. MOTHER'S MAIDEN NAME John M. Stickley Bertha Miller 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. 17. INFORMANT Address Cumb. Md. (Yes, no, or unkown) | [liyesgive war or dates of service] permi W.W. 705-09-9372 Mrs. Mildred C. Stickley 227 So. Mechani 18. CAUSE OF DEATH [Enter only one causa per line for (a) (b) and (c), INTERVAL BETWEEN Office along burial-transit p ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CORONARY OCCLUSION SUDDEN IMMEDIATE CAUSE (a) DUE TO CORONARY SCLEROSIS gave rise to Immediate cause in in DUE TO Examiner's e used as (e), stating the undarlying ild be used PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? Medical Ex NO 🛨 should ial, cre 20a, EXTERNAL CAUSE WAS 20b. DESCRIBE HOW NIURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. writing I B Chief A Page 3 s to buria the Ch. 20d. INJURY OCCURRED , 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) While Not While at work st work forwarded to the L DIRECTOR: 21 I certify that I took charge of the remains described above, held an Autopsy Inspection 🗷 Inquiry 🛣 and in my opinion Natural causes death resulted from: Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER slease execute the tshould be forward by FUNERAL DIF ACTUAL DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY DEPUTY MEDICAL EXAMINER JANUARY 12, 1962 EXAMINER'S BENEDICT SKITARELIC, M.D. NAME (Type) Address (Street, city, lown, or county) R. D. 9 Cumberland, Md.

1 22d. LOCATION (City, lown, or country) (Steta) 220. BURIAL, CREMATION. 22d. LOCATION (City, town, or country) 22c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Hillcrest Burial OH. 240 p Park Burial Cumberland. Md. 23. FUNERAL DIRECTOR ADDRESS 24a. REC'D BY REGISTRAR I 24b. REG STRAR'S SIGNATURE VS. A15ME Cumberland, Md. Charles L. George 16 The former





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| DIVISION OF STATISTICAL RESEARCE | H AND RECORDS, 301 | W. PRESTON STREET | r, BALTIMORE 1, MARYLAND | |
| 00080 | CERTIFICATE O | F DEATH | 0110 | 80 |
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| | Cumberland, Cumber | rland. |
| 2 | d. NAME OF HOSPITAL OR INSTITUTION (I not in hospital, give street address) d. STREET ADDRES | s e. ts residence |
| 1 | 710 Elm St., 619 L | eiper St., |
| | 3. NAME OF Frst Middle Last | 4 DATE Month Day Yeer |
| | (Typa or pr nt) Riley Everhart Twigg | ог дап. 28, 19 62 |
| | 5 SEX 6 COLOR OR RACE 7. MARRIED NEVER MARR ED 8. DATE OF BIRTH | 9. AGE (In yeers IF UNDER 1 YEAR IF JNDER 24 HRS. |
| P. Confe | Male White widowed X Divorced Sept. 16. | 1878 83 yrs. Months Days Hours Mrn. |
|) | 108. USUAL OCCUPATION (G've kind of work done during most of working life, even if retired) | ounty & State, or foreign country! 12, CITIZEN OF WHAT COUNTRY? |
| | Ret. Clerk Grocery Green R | idge, Maryland U. S. A. |
| | 13. FATHER'S NAME 14. MOTHER'S MAIDE | |
| | Levin Twigg Orle | na Nicely |
| | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? , 16. SOCIAL SECURITY NO. 17. INFORMANT | Address Md. |
| | (Yes, no, or unkown) (Hyesgive war or dates of service) 232-10-9188 Mrs. Markwoo | d Chaney 710 Elm St Cumb. |
| | 18. CAUSE OF DEATH [Enter only one cause per line for (d), (b) and (c).] | INTERVAL BETWEEN |
| | PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (e) | ONSET AND DEATH |
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| | 200 ACC DENT WAS UNDERLYING ; 200. DESCRIBE HOW INJURY OCCURED. Enter neture of injury OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) | in rent for rent for _i idm ip } |
| | ZOC. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20th, PLACE OF INJURY (Home, In | arm, 20f. (City or town) (County) (Stefa) |
| | Hour e.m. While Not While lactory, street, office bldg., | 910.) |
| | The state of the s | 1962 to \$200.28 196 24hat (I) (we) last |
| | saw the deceased alive on 142 74 19.6 and too death occured at | 45PM, from the causes and on the date stated above. |
| | 22e SIGNATURE | A2b. DAM |
| | | MED. STAFF DIRECTOR PHYS. |
| | 22c. PHYSICIAN'S 22d. ADDRESS | 12.76 |
| | NAME (Type) Clay E. Durrett M.D. 236 Va | . Ave., Cumberland, Md. |
| | 236. BUR AL, CREMATION, 236. DATE THEREOF , 236. NAME OF CEMETERY OR CREMATORY | [23d, LOCATION (City, town or county) (State) |
| | Burial Par | |
| | 24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. | REC'D AY REGISTRAR 256, REGISTRAR'S SIGNATURE |
| | Charles L. George Cumberland, Md. | Mile to a Company of the Company of |



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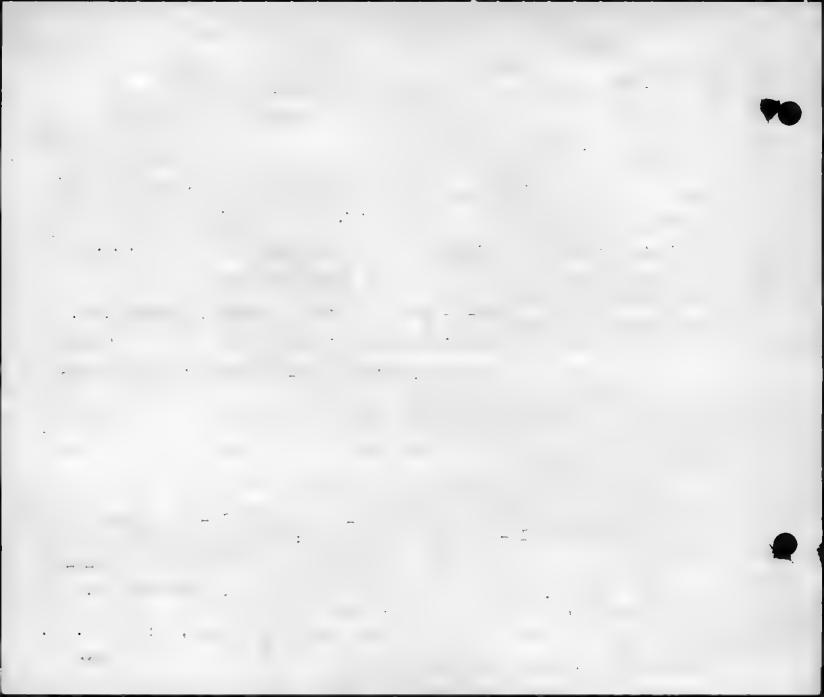
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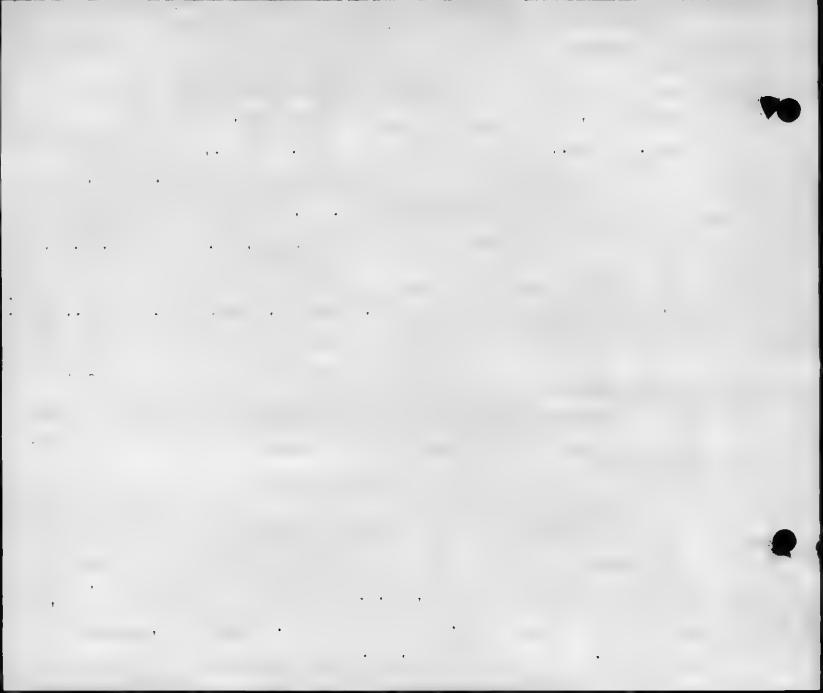
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DIVISION OF STATISTICAL RESEARCH AND RECO PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) **b.** COUNTY LEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) Write RURAL end give neerest lown) 6 DAYS MC COOLE Pages filled d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS . IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO 3. NAME OF Middle DATE Year DECEASED OF ALBERT VINEY (Type or print) DEATH 162 JANUARY carbon 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. and last birthday] Months Deys WHITE MALE WIDOWED | DIVORCED X physician гетпоуе 10s, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE . County & Stele, or foreign country) . 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) U.S.A. LUKE, MARYLAND Tipple Foreman

13. FATHER'S NAME Mining 14. MOTHER'S MAIDEN NAME JAMES VINEY SARAH CROWTHERS ₫ 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Ifyes give wer or detes of service) 236-03-3892 MEMORIAL HOSPITAL, CUMBERLAND, MD. 18 CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).] ć, ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Congestive Heart Failure IMMEDIATE CAUSE (e) Vears DUE TO attending Arteriosclerotic cardio-vascular disease Conditions, if any, which geve rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM, NAL DISEASE CONDITION GIVEN IN PART 1 at 19. WAS AUTOPSY % Q PERFORMED? NO 2 200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH 20c TIME OF INJURY 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) Month, Day, Yeer 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Not While While Hour a.m. et work et work OB:1962., and that death occure PRO. AM from the causes and on the date stated above, saw the deceased alive on.... . 22b. DATE 220. SIGNATURE ATTENDING SI GNED death. Page 4 to FUNERAL director, page 3 be filed with the PHYS. DIRECTOR PHYS. 22c. PHYSICIAN S 22d. ADDRESS NAME (Type) 62 GREENE ST., CUMBERLAND, MD. 23a. BURIAL, CREMATION, 1 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City, fown or county) REMOVAL (Specify) Burial Jan 62 Potomac Valley Memorial Keyser. Va. 25a, REC'D BY REGISTRAR | 25b, REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 5 '62

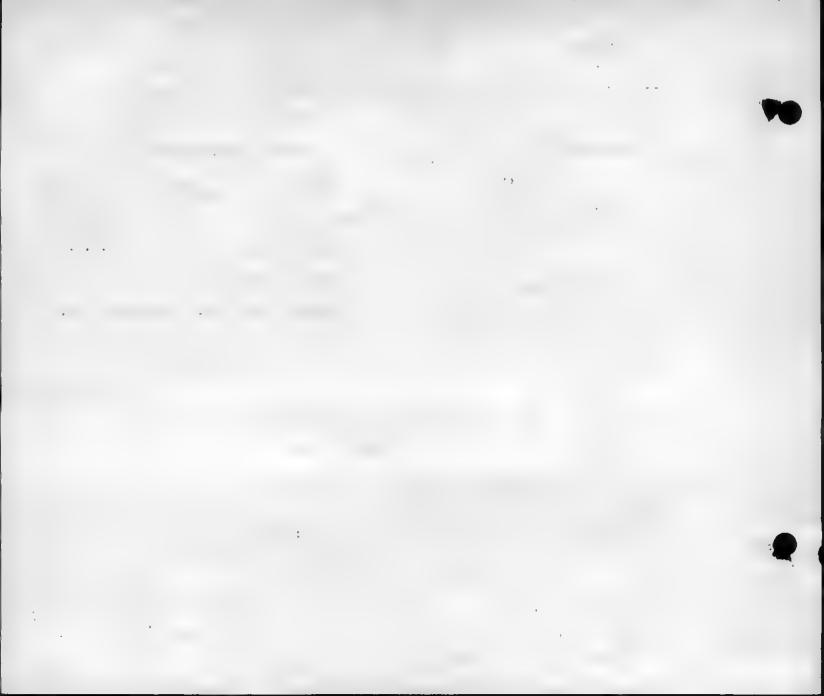


Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased aved, If institution, Residence before admission) . COUNTY Page Health, e. STATE b. COUNTY Allegany MARYLAND Allegany Maryland b. CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate limits, write RURAL and give newrest town) write RURAL and give nearest town) for your Cumberland, Cumberland. Board ÷ d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS . IS RESIDENCE If any delay ON A FARM? be retained the State Baffer death. Lee St. 30 N. 30 St. YES NO X Lee 3. NAME OF Middle 4. DATE DECEASED and 3 to the OF (Type or print) Eleanor 19 62 Weisenmiller bage 5 mad 3 to the page 5 may be recorded and 2 with the 172 hours after DEATH Jan. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX B. DATE OF BIRTH 9. AGE (In years | FUNDER 1 YEAR! IF UNDER 24 HRS Qast birthday) in gencil in lem 18. Giver Pages 1, 2, and softice along with form PM3. Page 5 may a burial-transit permit, file pages 1 and 2 will emoval, and in any event with Months Hours Female White Feb. 21. WIDOWED X DIVORCED [1867 10a, USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or fore on country) 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Housewife Cumberland. Md. Own home U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael Yupa Johanna 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO., 17 INFORMANT Address (Yes, no, or unkown) | (Ifyasgivewar or detas of servica) No. Mrs. Helene M. Jones 30 N. Lee St., None Cumb 18. CAUSE OF DEATH [Entar only one cause per line for (a), (b), and (c),] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: CORONARY OCCLUSION IMMEDIATE CAUSE (a) SUDDEN Examiner's Office a used as a burial-tration, or removal, a DUE TO certificate should Conditions, if eny, which CORONARY SCLEROSIS geve rise to immediate causa DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,0), 19, WAS AUTORSY CERTIFICATION PERFORMED? NO X 200. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part t or Port II of stem 18.) PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20c. TIME OF INJURY 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, , 20f. (City or town) Month, Dev. Year (County) (Steta) While Not While et work at work factory, street, office bldg., etc.) Hour a.m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection Y Inquiry y and in my opinion ilease execute is should be forwarded to prover the prover the prover the prover its designated agent, prover the proverties death resulted from: Accident Suicide Natural causes Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATUR DEPUTY DEPUTY MEDICAL EXAMINER EXAMINER'S BENEDICT SKITARELIC. M. D. Address (Street, city, town, or county) R 9 CUMBERLAND, MD NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) REMOVAL (Specify) 0 O P 5 SS. Peter & Paul Burial Cem. Cumberland. Maryland 23. FUNERAL DIRECTOR ADDRESS 24e. REC'D 8Y REGISTRAR | 24b. REGISTRAR'S SIGNATURE VS. A15ME " Cumberland, Md. Charles L. George 5M 9,60 DATE JAN 1 7 '62 arthur & Krows



CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased fived, If institution: Residence before admission) a. COUNTY b. COUNTY **ALEEGANY** MARYLAND ALLEGANY b. CITY OR TOWN (if outside corporate limits, e. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give neeres! town) write RURAL and give nearest town)
CUMBE RLAND DAYS **CUMBERLAND** after d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? MEMORIAL HOSPITAL YES NO 3 3. NAME OF First DATE Month Year Middle DECEASED OF WELSH (Type or print) SALLYE DEATH 19 **JANUARY** 62 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years | IF UNDER ! YEAR! IF UNDER 24 HRS. B. DATE OF BIRTH last berthdey) and Months WHITE FEMALE WIDOWED IX 1878 DIVORCED physician геттоме HOB. USUAL OCCUPATION (Give kind of work BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retired) U.S.A. MARYLAND HOUSEWIFE OWN HOME 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please .⊑ attending LLOYD BUCY JENNIE WOLFORD Then 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no, or unkown) | (Myes give weror dates of service) CUMBERLAND, MD. MEMORIAL HOSPITAL. the 18. CAUSE OF DEATH litter only one cause per line for (a), (b), and (c). signed by ONSET AND DEATH PART I, DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) burial-transit DUE TO gave rise to immediate cause **DUE TO** (a), stating the underlying causa last. the PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1, a) 1 19. WAS AUTOPSY PERFORMED? NO N 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert I or Part II of item 18.) 208 ACCIDENT WAS UNDERLYING OR CONTRIBUTING (") CAUSE OF DEATH After this (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., atc.) While Not While NED X CTOR: at work at work 21. I certify that (I) (this hospital) attended the deceased from 3/ 72 42 6-4 196/ to 15/12/20 19.6- that (1) two last 19 (42), and that death occurred \$15...AM from the causes and on the date stated above. saw the deceased alive on G ATTENDING 22b. DATE 22a SIGNATURE SIGNED DIRECTOR PHY5 FUNERAL 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) director, i 23a BURIAL CREMATION, 23b DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Specify) BALD HILL BURTAL ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) " FE BYRON KICHT CUMBERLAND, MD. 1SM 7/61

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND



APVIAND STATE DEPARTMENT OF HEALTH 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH I. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before edm ssion) a. COUNTY b. COUNTY Allegany Maryland Allegany MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give necrest lown) C. LENGTH OF STAY IN 16 write RURAL and give neerest town) Cumberland Cumberland d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS . IS RESIDENCE ON A FARM? 130 Pine Place Infirmary Allegany County YES NO K 3. NAME OF Year DATE M ddle Month DECEASED 19 62 (Type or print) DEATH January 6. Conrad Wenteroth 5 SEX 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED X 9. AGE (In years FUNDER 1 YEAR) IF UNDER 24 HRS. (ast birthday) Months Hours Male WIDOWED DIVORCED [physician 10a USUAL OCCUPATION (Give kind of work 106. KIND OF SUSINESS OR INDUSTRY 11. BIRTHPLACE (County & State, or fore go country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) Potomac Edison Co. Retired Fireman umberland. Maryland U. S. A. Then please 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Louis Werteroth Annie Heavener 15. WAS DECEASED EVER IN U.S ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANTP . O. BOX 599 Address Cumberland, Md. (Yes, no, or unkown) (If yes a ve wer or detecof service) the Allegany County Infirmary records. 217-10-9050 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end ,c).] NTERVAL BETWEEN ONSET AND DEATH "PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) -Abella, while Chell-LALLING 10-00 texaxey E cerexxatder res for Conditions, if eny, which (b) ustetin, Etch gave rise to immediate cause (e), stating the underlying cause last D5 4 BLAK PART I OTHER SIGN FICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(+) 19. WAS AUTOPSY PERFORMED? YES NO 20a ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH HE EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED ! 20e. P.ACE OF INJURY (Home, farm, 20t. (City or town) (County) (Stete) fectory, street, office bldg., etc.) While Not While Hour a.m. at work el work 21. I certify that (I) (this hospital) attended the deceased from 12/6/61......, 19....., to 1/6/62....., 19....., that (I) (we) last saw the deceased alive on....... 22b. DATE 22e. SIGNATURE death. Page 4 O FUNERAL director, page 3 be filed with the DIRECTOR X PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Mathews Greene St., Cumberland, Dr. Lee В. 234. BURIAL, CREMATION, 236. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City/Jown or county) (Stelle) REMOVAL (Specify) RECYSTRY REGISTRAR | 256. REGISTRAR'S SIGNATURE VR A15 (41) 2 162 1SM 7 61

v f 7:12.51 5 1

Cumberland.

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE

YES NO A

Hours I Min.

INTERVAL BETWEEN

PERFORMED? NO

(Slata)

SIGNED

(State)

YES

(County)

25a, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE

DATE JAN 2 9 62 1 C Thur & Kenne

Doys

U.S.A.

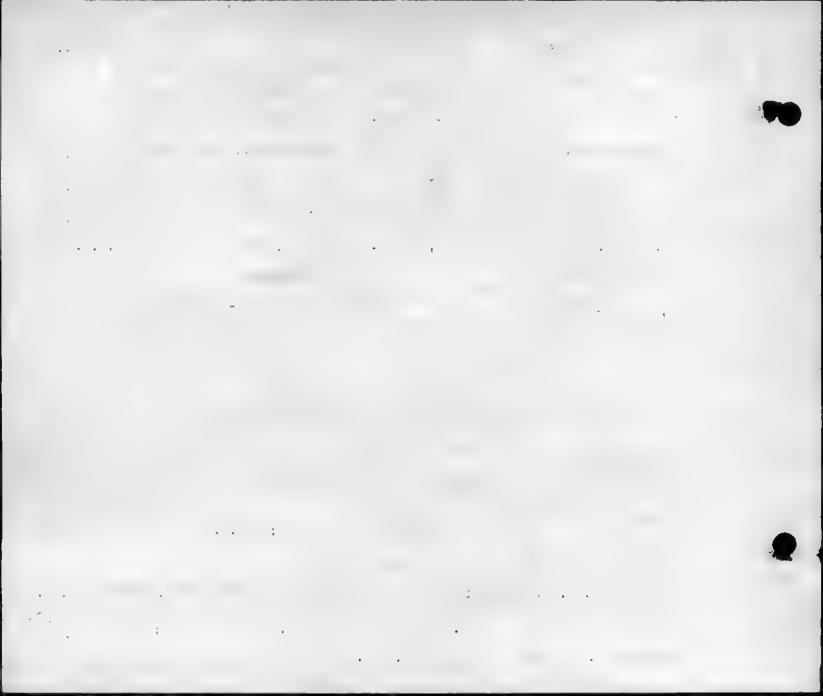
ON A FARM?

62

VR AIS 141 15M 7 61

24 FUNERAL DIRECTOR'S SIGNATURE

Charles L. George



VI AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH USUAL RESIDENCE (Where decessed lived, if Institution: Residence before edmission) PLACE OF DEATH a. COUNTY 6. COUNTY ALLEGANY ALLEGANY MARYLAND b. CITY OR TOWN (if outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL end give neerest town) E. LENGTH OF STAY IN 16 CUMEERLAND nearest town DAYS CUMBERLAND d. NAME OF HOSPITAL OR INSTITUTION TO THE POPULATION OF THE METERS AND THE POPULATION OF THE POPULATIO d STREET ADDRESS e. IS RESIDENCE ON A FARM? 36 ROBERTS STREE MEMORIAL HOSPITAL YES NO NO 3. NAME OF Middle Lasi 4. DATE Month DECEASED OF (Type or print) MAUDE DEATH Lavena WILLIAMS **JANUARY** 6. COLOR OR RACE 7. MARRIED NEVER MARRIED AGE (In years LIF UNDER LYEAR | IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH last birthday) Months FEMALE WIDOWED Y DIVORCED 10s. USUAL OCCUPATION (Give kind of work 12 CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or fore gn country) done during most of working Irle, even if retired) Housewife. Own home Columbia Furnace. Va. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME NELSON FADLEY ANNIE WOODROW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address (Yes, no. or unkown) (Iffyes give war or dates of service) MEMORIAL HOSPITAL, CUMBERLAIND, MARYLAND 18. CAUSE OF DEATH Enter only one cause per line for (e), (b), end (c).] INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART I., OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a), 19, WAS AUTOPSY PERFORMED? YES P NO 200. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 201 (City or town) (Stete) 20c. TIME OF INJURY (County) Month, Day, Year factory, street, office bidg., etc.) While Not While Hour a.m. at work | et werk p.m. 21. I certify that (I) (this hospital) attended the deceased from. .19...... and that death occure 9 at 5. Mrom the causes and on the date stated above. 20. SIGNATE ATTENDING S GNE PHYS. DIRECTOR PHYS. 22d. ADDRESS (Type) 122 SOUTH CENTRE ST. CUMBERLAND,

NAME OF CEMETERY OR CREMATORY

Fort Ashby Cemetery.

Cumberland.

23d. LOCATION (City, town or county)

Fort Ashby. 25m. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE

PATEJAN 2 5 '62

physician please attending aw requires that attending CLOM FUNERAL irector, page 3 if filed with the OFA VR A15 (4) 15M 7/61

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completely

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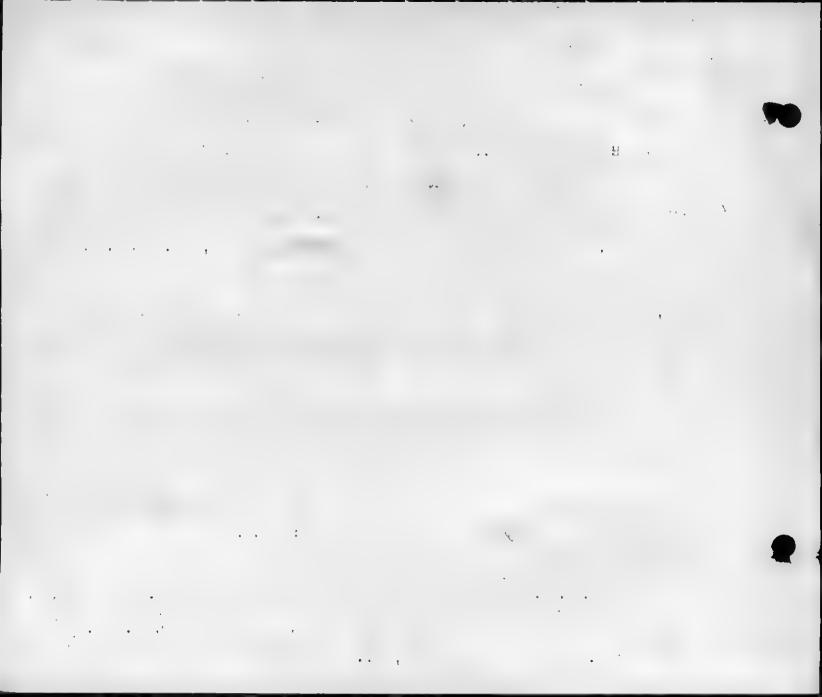
after

23a, BURIAL, CREMATION, 123b. DATE THEREOF

Charles L. George

Burial

24 FUNERAL DIRECTOR'S SIGNATURE



MARYLAND STATE DEPARTMENT OF HEALTH

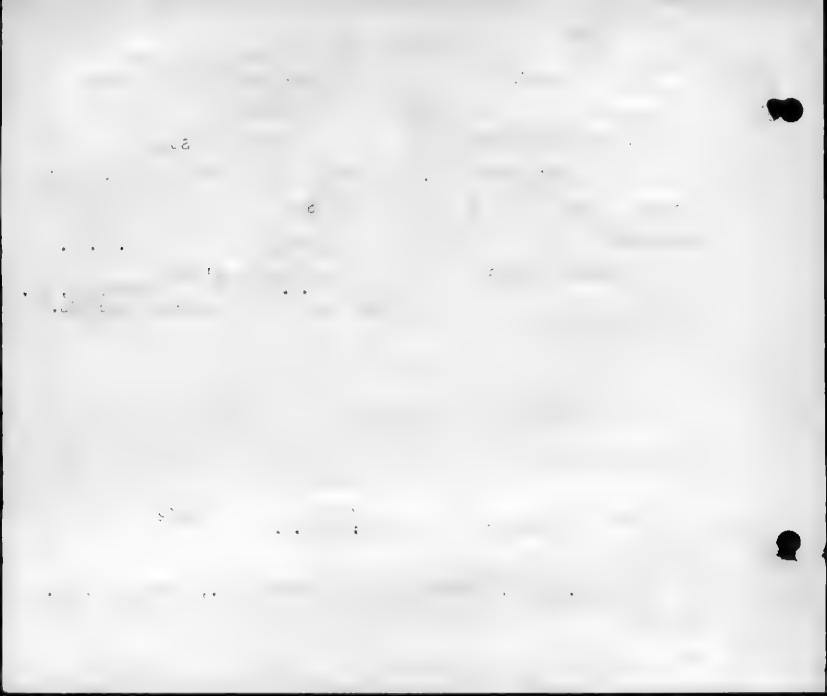
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

| L PLACE OF DEA | _ | Serverial 1 Maria | 2. USUAL RESIDENCE (Where d | | Residence before admission) |
|--|--|-----------------------------|--|--|-----------------------------|
| 2 0001419 | Allegany | MARYLAND | a. STATE Maryland | b. COUNTY A | llegany |
| b. CITY OR TOWY | (if outside corporate limits, and give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN (If pulside corp | porele limits, write RURAL end | d g've neerest town) |
| | erland | 4/9/1959 | - Cumberlan | ıd | |
| | SPITAL OR INSTITUT ON (if not in hos | | d. STREET ADDRESS | | on a FARM? |
| ATTe | gany County In | firmary | 430 Colum | bia Street | YES NO |
| NAME OF DECEASED | First | Middla | Last 4. DATE | Morth | Day Year |
| (Type or print) | Elizabet | | Wilson DEATH | January 1 | 12, 1962 |
| SEX | 6. COLOR OR RACE 7. MARRIER | D NEVER MARRIED 1 | | 9. AGE (In years IF JNDER 1 | Peys Hours Min. |
| Female | White WIDOWE | D K DIVORCED | 1/8/1884 | 78 yrs. Months | pays Hours Min. |
| la. USUAL OCCUP. one during most of | ATION (Give kind of work working life, even if retired) | IND OF BUSINESS OR INDUSTI | RY II. BIRTHPLACE (County & State, or | foreign country) 12. CIT | IZEN OF WHAT COUNTRY? |
| Hous ewi : | 69 | | Maryland | U | . S. A. |
| FATHER'S NAME | to the same of head and | | 14. MOTHER'S MAIDEN NAME | | |
| | Anthony Shriver | | Catherine | | |
| es, no, or unkown) | (If yes give wer or detes of service) | | INFORMANTP.O.Box 5 | | |
| 70 | | | Allegany County | Infirmary | |
| | P DEATH [Enter only one cause per it ATH WAS CAUSED BY: 1/7 | 4 4 4 6 | 1 1 | A. Service and the service and | ONSET AND DEATH |
| | IMMEDIATE CAUSE (6) | o contracted, | Chris dequeeleds | LIVE - | |
| | DUE TO | eren sele + eri | To deschool do | dercaling | 4 |
| Conditions, if e gave rise to imm | (6) | and C. and I a to | o - coccorder to | the second of | • |
| (e), stating the | DIE TO A | foll the | - Souries DE | ey GKD x con | • |
| Cause last. | HER SIGNIFICANT CONDITIONS CON | TOR ITING TO DEATH BUT NO | 1 | CONDITION O VIN IN BART | THE 19 WAS AUTOPSY |
| (201 01 | EX SIGNATIONAL CONDITIONS CON | INDUTING TO DEATH BUT NO | DI REALED TO THE TERMINAL DISEASE | CONDITION GIVEN IN PAKI | PERFORMED? |
| 20a ACCIDENT | WAS UNDERLYING 20b. DESC | CRISE HOW IN LIRY OCC. IREE |), (Enter neture of injury in Pert I or Pert . | Lof tem 1B 1 | YES NO |
| OR CONTRIBUTION | IG CAUSE OF DEATH | | | , 0, 10,00 2 , | |
| 20c. TIME OF IN | | INJURY OCCURRED I 20e. PLA | ACE OF INJURY (Home, ferm, 201, (Cit | ly or town) (Cour | nty) [5tate] |
| Hour a.m | . While | Not While fac | tory, street, office bldg., etc.) | , , , , , , , , , , , , , , , , , , | . , , |
| p.m | | | 11/9/50 | 1/19/69 10 | |
| | that (I) (this hospital) attended asset alive on 1/12/62 | ed the deceased from | death occured at M. from | 1/12/62 , 19 | , that (I) (we) last |
| 22e. SIGNATUR | | , and Ina | eean occured animam, from | n ine causes and on r | 22b. DATE |
| / / | Bullonia | 7 | ATTENDING MED. | STAFF PHYS. | SIGNED |
| 22c. PHYSTCIAN | | N = " | 22d. ADDRESS | | 41 |
| NAME (Ty | Dr. Lee B. | Mathews | 49 Greene S | t., Cumberl | land, Md. |
| | ATTON, 236. DATE THEREOF | 23c. NAME OF CEMETERY | OR CREMATORY 236, LOC | ATION [City, fown or county | y) (State) |
| Della (Spect | 1/15/62 | SS. Peter | of Paul Cam Cu | mberland | ma |
| FUNERAL DIRECT | OR'S SIGNATURE | ADDRESS | 25a. REC'D BY REGIS | TRAR 256. REG STRAR'S | SIGNATURE |
| Lavis | Stein Inc | (umb. | M Q. DAHAN 16'62 | arthur & 4 | Tenus |
| J | | | | | |

TO HOSPITAL TENDING PHYSICIAN: The law requires that the leath entiticate be emented within hours after death. Page 4 Tailined by the hospital or emending physician.

TO FUNERAL LIGHT After this certificate has been signed by the attending physician and completely filled. The funeral director, page 3 should be detached for use as the bunial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

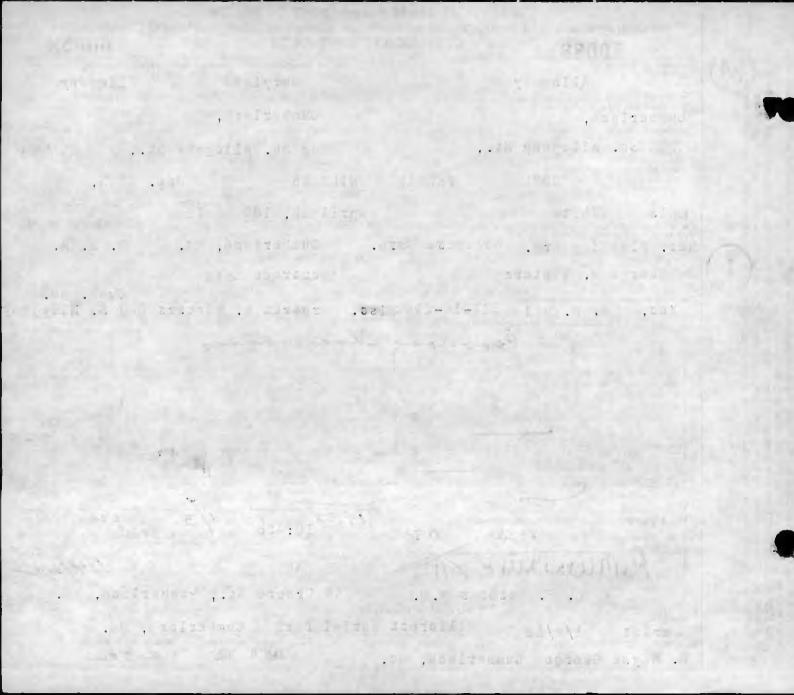
VR A15 (4) TSM 7,61



MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
CERTIFICATE OF DEATH
(1)(1)88

| - the | | The state of the s | | | |
|---------------------------|--|--|--------------------------------|---|--|
| I. PLACE OF DEATH | H | | a STATE | ICE (Where deceased lived, If institution b. COUNTY | n, Residence before edmission) |
| | Allegany | MARYLAND | Mar Mar | yland A | Allegany |
| b. CITY OR TOWN (| if outside corporate limits, d give nearest town) | c. LENGTH OF STAY IN 16 | c. CITY OR TOWN | (If outside corporete limits, write RURAL | end give nearest town) |
| Cumberla | | | 12 Cumbe | erland. | |
| | TAL OR INSTITUTION (if not in he | ospital, give street address | d. STREET ADDRESS | • | . IS RESIDENCE |
| | Allegany St. | * | | . Allegany St. | YES NO NO |
| J. NAME OF DECEASED | First | Middle | Lesi | 4. DATE Month | Day Year |
| (Type or print) | JOHN | FERMAN | WINTERS | DEATH Jan. | 3. 19 62 |
| 5. SEX | 6. COLOR OR RACE 7. MARRI | ED NEVER MARRIED | B. DATE OF BIRTH | 9. AGE (In yeers IF UND | ER 1 YEAR IF UNDER 24 HRS. |
| Male | White wow | | April 23, | 1890 Tl yrs. Months | Days Hours Min. |
| 10e. USUAL OCCUPAT | TION (Give kind of work orking life, even if retired) | KIND OF BUSINESS OR INDUSTI | RY 11. BIRTHPLACE (Cou | nty & Stets, or foreign country) 12. | CITIZEN OF WHAT COUNTRY? |
| | bing Frm. Ce | lanese Corp. | Cumbe | erland. Md. | U. S. A. |
| 13. FATHER'S NAME | y | | 14. MOTHER'S MAIDEN | | -, -, |
| George | W. Winters | | Gertra | ide Long | |
| | ER IN U.S. ARMED FORCES? 16 | SOCIAL SECURITY NO. 17. | INFORMANT | Address | Cumb. Md. |
| | W. W. # 1 2. | 17-10-5192Mis | s. Margare | et L. Winters 30 | 2 S. Allegar |
| | DEATH [Enter only one cause per | | 0.1 | | ONSET AND DEATH |
| PART I. DEAT | TH WAS CAUSED BY: | a sema sema di | Shaces | have | ONSEL AND DEATH |
| Les V | IMMEDIATE CAUSE (B) | romany . | | | |
| | DUE TO | | | | |
| Conditions, if any | | | | | |
| (a), stating the u | 2012.20 | | | | |
| cause last. |) (c) | | | | |
| PART II, OTHE | R SIGNIFICANT CONDITIONS CO | INTRIBUTING TO DEATH BUT NO | OT RELATED TO THE TERM | INAL DISEASE CONDITION GIVEN IN PA | ART I(a) 19. WAS AUTOPSY PERFORMED? |
| 3 | | - | | | YES NO X |
| OR CONTRIBUTING | AS UNDERLYING [] 206. DE CAUSE OF DEATH (MEDICAL EXAMINER) | SCRIBE HOW INJURY OCCURED |). (Enter nature of injury in | Part I or Part II of item 18.) | |
| 3 20c. TIME OF INJU | JRY Month, Day, Year 20d | INJURY OCCURRED 20e, PLA | ACE OF INJURY (Home, far | m, 201, (City or town) | County) (Stete) |
| Y 20c. TIME OF INJU | Whi | le Not While fac | tory, street, office bldg., et | | |
| - Print | 19 af we | | | ! | |
| 21. I certify | that (I) (this hospital) atte | nded the deceased from. | 1958 | 19 to | 19 6.3 That (I) (we) last |
| saw the decea | sed alive on | 19.6. 2 and that | death occured at | 5PM, from the causes and or | n the date stated above. |
| 22a. SIGNATURE | | - | ATTENDING | MED. STAFF | 22b. DATE |
| Kul | 111 Das Leen | a MA | | DIRECTOR PHYS. | 1/4/65- |
| 22c. PHISICIAN'S | LUC COLOR ISSUED | | 22d. ADDRESS | | 11/00 |
| NAME (Type | L. B. Math | ews M.D. | 49 Gree | ne St., Cumberl | and, Md. |
| 238. BURIAL, CREMAT | TON, 236. DATE THEREOF | 23c. NAME OF CEMETERY | | 23d. LOCATION (City, town or co | |
| REMOVAL (Specify | 1 | Hillcrest B | urial Park | Cumberland, | Md. |
| Burial 24 FUNERAL DIRECTO | 1/6/62 | ADDRESS | | C'D BY REGISTRAR 256. REGISTRAR | |
| | | erland. Md. | DATE | | |
| nayne | george camp | CLIANU, MU. | DATE" | | |



the d or new overty within 72 hours after death 1 and Pages filled be retained by the hospital or attending physician.

LECTOR: After this certificate has been signed by the attending physician and completely should be defached for use as the burial-transit permit. Then please remove carbon papers. It also bet, of Health prior to burial, cremation, or removal, and in any event, within 72 hours. with the State Dept. of Health OSPITAL UNERAL tor, page 3 Page 4

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| | A15 (4) |
| 12 | w Mail |
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 00089 089 PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) b. COUNTY ATTECANV MARVIAND ATTECANV

| | ALLEGAN. | 1. | MANUA TIMEND | 1.1% | TITTINE | | MIIII | THILL |
|---------------------------------|--|---------------------|---------------------|----------------------------|----------------------|-----------------------|----------------|-------------------------------------|
| | if outside corporala limits, | c. LEN | NGTH OF STAY IN 16 | c. CITY OR TOV | WN (If outside co | rporata limits, writa | RURAL and give | nearest town) |
| | OSTBURG | | Vns | 7 2 20 | ROSTBUR | C | | |
| | TAL OR INSTITUTION (If n | of in hospital oil | Yrs. | d. STREET ADDR | | u | | e. IS RESIDENCE |
| - Tranz Of 1103/1 | on available in the | io. in nospisar, gr | and and and and | 1 | | | | ON A FARM? |
| 54 | THE PARTY AND ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PARTY ADDRESS OF THE PART | STREET | | 54 | + McCul | LOH STR | EET | YES NO |
| NAME OF DECEASED | First | | Middle | Last | 4. DATE | Month | Dey | Yeer |
| (Type or print) | MARC | GARET | S. | YATES | DEAT | H JANUAR | Y 31 s | st. 19 62 |
| . SEX | | MARRIED N | | DATE OF BIRTH | | 9. AGE (fn years I | | IF UNDER 24 HRS. |
| FEMALE | | WIDOWED X | _ | SEPT. 7th | ,1889 | 72rs. | Months Days | Hours Min. |
| On USUAL OCCUPAT | NON (Give kind of work | 106. KIND OF | BUSINESS OR INDUST | RY 11. BIRTHPLACE | County & State, | or foreign country) | 12. CITIZEN C | OF WHAT COUNTRY |
| HOUSEWI | orking life, even if refired) | OWN H | OUSEWORK | MARYL | AND | | T | ISA |
| 3. FATHER'S NAME | 1.0 | O WIN II | TITOMETER | 14. MOTHER'S MAI | 44. | | | |
| | O. STEVENS | S | | SARAH | | | | |
| | ER IN U.S. ARMED FORCE | | SECURITY NO. 17. | INFORMANT | | Address | GRAHAN | MTOWN, |
| | If yes give war or dates of serv | | | S.GLADYS | KLOSTE | RMAN, F | | RG, MĎ. |
| | DEATH Enter only one ca | use per line for (| e], (b), end (c).]. | 0 1 | 00 | A- | | TERVAL BETWEEN |
| PART I. DEAT | MUNICIPAL CAUSE CA | Musi | chresa in | VXVX | Ketal | 1.C | 15 | MARIA |
| 14-11 | | 1010 | | e concurren | | | | /eneral |
| | DUE TO | 1811/1 | +1 | | | | 1 | 1111111 |
| geverise to immediate cause (b) | | | | | | | quin | |
| (a), stating the u | TO BUILTON | 11 | | | | | | |
| cause lest. |) (c) | 1 | | | | | | |
| PART II. OTHE | R SIGNIFICANT CONDITIO | ONS CONTRIBUTI | NG TO DEATH BUT NO | OT RELATED TO THE TE | ERMINAL DISEAS | E CONDITION GIVE | N IN PART I(e) | 19. WAS AUTOPSY PERFORMED? YES NO S |
| 20. ACCIDENT W | AS UNDERLYING [] 2 | OF DESCRIBE H | OW INJURY OCCURED |) (Enter nature of Inlice | ry In Part I or Part | U of itam 18.1 | 1 | |
| OR CONTRIBUTING | CAUSE OF DEATH | OP. DESCRIBE U | OH HAJORI OCCOREL | vi femai norata et sulat | The ron s of Fall | ti wi ngor i psi | | |
| 20c. TIME OF INUI | JRY Month, Day, Yeer | 20d. INJURY | OCCURRED 20e. PL | ACE OF INJURY (Home | , ferm, ; 2Df. (C | ity or town) | (County) | (State) |
| Hour a.m. | | WhileNo | of While fac | tory, street, office bldg. | | | | |
| p.m. | 19 | et work | t work | 10.1 | | 9 | - | |
| 21. I certify | that (I) (this bospitel |) attended th | e deceased from. | 1901 | 19 1 | 1801-2 | Lun 190.1 | that (I) (we) la |
| saw the decea | sed elive on Jan | 1.5 | 1962 end the | death occure | 3/35 M, 160 | the causes | | dete stated above |
| 22a, SIGNATURE | | 0 | | 1 | | | | 22b, DATE |
| ZZZ, S/S/II/OK | 1 Lemi | 10 | 0 | ATTENDING PHYS. | MED. DIRECTOR | STAFF PHYS. | 101 | 27/1/SIGNE |
| 22c, PHYSICIAN'S | 00111 | un | , N | 22d. ADDRESS | DIRECTOR | | 121 | 0/400 |
| NAME (Type | | cLANE, | DEC. | 167 | E. MAI | N ST., | FROSTBU | JRĠ, MD. |
| 30. BURIAL, CREMAT | TON, 236. DATE THEREC | DF 23c. | NAME OF CEMETERY | OR CREMATORY | | CATION (City, fow | | (State) |
| BURIAL Specify | | | BG.MEMOR | IAL PARK | F | ROSTBUR | G, | MD. |
| 4 FUNERAL DIRECTO | R'S SIGNATURE | | ADDRESS | 2Sa. | . REC'D BY REG | ISTRAR 256. REG | ISTRAR'S SIGNA | ATURE |
| 2.19.1 | Jung | FRO | STBURG. | MD. DAT | FER 5 | '62 | -1 0 / | |
| 9 | | | 1 | 10711 | | 45 | Jan 8. 16 | LAMES . |
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MEAST OF STATE OF STATE OF STATE THEFT - CHATTAGE AND ON ADDRESS OF THE PARTY WAS ARRESTED. and yas Thursdown agent Highler Lines Service Control of the Control of th China China